

SELECT COMMITTEE ON HEALTH AND ADULT SOCIAL CARE

Thursday, 21st September, 2006, 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, Harley, Islam, Simms and K Turner

Officers

Head of Personnel (Lead Officer to the Committee), Assistant Directors of Adult, Community and Housing Services (Learning Disability and Mental Health and Older People and Physical Disability), the Head of Policy and Review, Social Services (Directorate of Adult, Community and Housing Services) The Research Officer for Good Health and Mr Sanders (Directorate of Law and Property)

Also in Attendance

Mr Cooke (Chief Executive, Dudley Primary Care Trust)

13 APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were received on behalf of Councillors Mrs Jordan and Ms Nicholls.

14 DECLARATIONS OF INTEREST

No member declared an interest, in accordance with the Members' Code of Conduct, in respect of any matter to be considered at this meeting.

15 MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 12th July, 2006 be approved as a correct record and signed.

16 PUBLIC FORUM

No members of the public were in attendance for this item.

HEALTH REFORM IN ENGLAND: UPDATE AND COMMISSIONING FRAMEWORK

A report of the Lead Officer to the Committee was submitted on the guidance issued by the Department of Health as part of the National Health Service reform programme “Health Reform in England Update and Commissioning Framework”, which had been published in July, 2006 setting out the next layer of detailed instructions aimed at Primary Care Trusts.

The main points of the guidance were summarised in the report of the Lead Officer and the full guidance was appended to the report.

The Chief Executive of the Dudley Primary Care Trust attended the meeting and gave a presentation on the nature of the guidance, comments on which were invited for submission by 6th October, 2006. The guidelines related to acute services and continued the business-type approach pursued by Government. The Chief Executive of the Trust outlined the provider services, budgeting and contractual arrangements proposed, together with those relating to accountability. The Local Authority would comprise part of the process of holding the Primary Care Trust to account and it was envisaged that this would be achieved through its scrutiny function.

The Chief Executive made particular reference to the proposal in the guidance in respect of a petitioning system to be available to the public to seek a review of service provision. The trigger points at which a review could be petitioned was one of the issues on which the Government was seeking feedback from consultation. The Chief Executive emphasised the importance, however, of achieving a trigger process, which would enable trivial or vexatious petitions to be discouraged.

Practice based Commissioners would be appointed and the Chief Executive outlined the arrangements proposed to support them. The Commissioners would report to the Primary Care Trust Board and the anticipated reporting arrangements were outlined. A Commissioning Plan, under which design processes would be stipulated, was to be prepared for approval by the Primary Care Trust and the Chief Executive confirmed that the Plan would be referred to the Select Committee. The Chief Executive undertook to submit the proposals on how it was anticipated the process would be designed to the next meeting of the Select Committee.

In concluding the presentation, the Chief Executive indicated that the items would include mandatory provisions in relation to quality standards, time targets etc. and that the other major strand related to patients choice. The latter would ensure that the individual had the opportunity for some sort of informed choice at every point in the contract. In referring to the questions on which the Government were seeking observations, the Chief Executive referred again to the petitioning system in so far as how this could be achieved in relation to hearing children and disadvantaged groups and outlined to issues relating to an appeal machinery.

A question and answer session followed in which the point was made that the issue of choice was fundamental to tackling inequalities. A suggestion was made by one member that a cyclical process of review could be instigated for certain service areas. Doubt was expressed by the same member on the amount of effective choice a patient might have if his or her treatment had to be provided substantially away from home. Another member expressed concerns that the proposals in the guidance would be more bureaucratic in that more tiers of decision making that existed currently would be created through more local meetings, and stated that she would be interested to ascertain the views of general practitioners on whether they considered the proposals value for money.

In relation to promotion and prevention, the importance of this was emphasised and it was acknowledged that positive strides had been made via local campaigns.

In relation to comments on the guidance document, the Chief Executive of the Primary Care Trust referred to a complaints machinery drawn up in relation to chiropody whereby complaints were part of the work of a working party. Particular consideration was given to the respective issues of the percentages of the public served by the Primary Care Trust and users of services that should be allowed to trigger a review via a petition.

RESOLVED

- (1) That the guidance "Health Reform in England: Update and Commissioning Framework" be received and noted.
- (2) That the presentation on the guidance by the Chief Executive of the Dudley Primary Care Trust be received and noted and that the Chief Executive be thanked for his attendance.
- (3) That the observations made by the Committee on the guidance, as set out above, be noted.

- (4) That the Committee consider that a petition to trigger a review be occasioned by 0.5 percent of the public served by the Primary Care Trust or 5 percent of the users of the service and that this view be included in the Council's response to the consultation documents.
- (5) That the plans of the Primary Care Trust to implement pilot schemes in selected general practices and other health centres, in response to the proposals in the Commissioning Framework, be endorsed.

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A STRONGER LOCAL VOICE: A FRAMEWORK FOR CREATING A STRONGER LOCAL VOICE AND DEVELOPMENT OF HEALTH AND SOCIAL CARE SERVICES

A report of the Director of Adult, Community and Housing Services and the Interim Chief Executive of Dudley Primary Care Trust was submitted summarising the content of the Department of Health's consultation document "A Stronger Local Voice: A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services".

The document stated the intention to abolish the Commission for Patient Public Involvement in Health and to replace Patient Forums with local Involvement Networks (LINKs). Funding would be provided to Local Authorities to establish a LINK for a Local community. Their purpose would be to provide a flexible way for local people and communities to engage with Health and Social Care organisations and ensure that organisations that commission are provided Health and Social Care services were more accountable to the public and built positive relationships with them.

The report explained that the scrutiny committee would be significant in its role of gathering information on what people wanted in terms of their Health and Social Care Services and their experiences of using local services. The report also indicated that the consultation paper envisaged that Health scrutiny committees would be able to focus their attention on the work of Commissioners and the decision making activities of Primary Care Trusts and Local Authorities in that they would be able to ask Health and Social Care organisations how they involved local people in their decision making processes and look at what evidence they had to support decisions and actions proposed to address gaps or failings in services.

In the discussion that followed, reference was made to the financing of the proposals, in response to which the Chief Executive of the Primary Care Trust indicated his understanding that a sum of £150,000 paid by central grant would be available. One member welcomed the better links with the Primary Care Trust and communities that he anticipated would emerge from the proposals but expressed doubts on whether the framework would provide sufficient empowerment to act where deficiencies were identified. He considered, however, that the proposals represented a good mechanism for enabling the public to become involved. The Head of Policy and Review (Social Services) in the Directorate of Adult, Community and Housing Services emphasised the importance of the role of the scrutiny committee of the Local Authority under the proposed new arrangements.

RESOLVED

- (1) That the contents of the report now submitted be received and noted.
- (2) That the consultation paper "A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services" be welcomed as a move forward but that the reservations expressed by the Committee be noted.

19

RESETTLEMENT OF RIDGEHILL HOSPITAL

A report of the Director of Adult, Community and Housing Services was submitted giving an update on progress on the resettlement of Ridge Hill Hospital.

In this regard, the Assistant Director of Adult, Community and Housing Services (Learning Disability and Mental Health) confirmed the situation with the respective groups of residents referred to in paragraphs 8 to 14 (inclusive) of the report. In response to a question, he confirmed that the Council's contribution of £225,000 would be in place and approved. In response to a further question, the Assistant Director clarified the nature of the working hours of the carer staff.

RESOLVED

- (1) That the report be received and that the progress made to date be noted.
- (2) That a final report on the completion of the resettlement be made to the Committee in March, 2007.

20

OLDER PEOPLE'S STRATEGY FOR DUDLEY

(During consideration of this item, Councillor K Turner declared a personal interest, in accordance with the Members' Code of Conduct, in view of his Trusteeship and Vice Chairmanship of Age Concern, Halesowen).

A report of the Director of Adult Community and Housing Services was submitted advising the Committee of the Older People's Strategy and the contents thereof and inviting the Committee to identify an area of the Strategy for consideration for scrutiny.

The Strategy, a copy of which had been made available for inspection by Members in the Members' room and had been placed on the Council's website, had been approved by Cabinet in February, 2006. The actions for the Council had been incorporated into respective Directorate Strategic Plans.

RESOLVED

- (1) That the Older People's Strategy be noted.
- (2) That the Committee identify the area of Health and Healthy Living for scrutiny.
- (3) That, for the purposes of scrutiny, a working group be appointed and that the membership comprise those members of the Committee who wish to serve.
- (4) That the content of the Older People's handbook be reviewed in the light of encouraging older people to live a healthy life style.

A report of the Lead Officer containing a summary of the performance of the Council in relation to the activities relating to the terms of reference of this Committee for the final quarter of 2005/06, January to March, 2006, was submitted.

In relation to the sections of the report on Local Public Service Agreements and Partnership Working, one member welcomed the engagement of communities but commented that it was difficult to ascertain how Councillors were involved.

RESOLVED

That the report be received.

The meeting ended at 8.10 pm.

CHAIRMAN

SHASC/17