

SELECT COMMITTEE ON HEALTH AND ADULT SOCIAL CARE

Thursday, 15th January 2009 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, Kettle, K Turner and Tyler

Officers

Assistant Director of Adult, Community and Housing Services (Policy, Performance and Resources (Lead Officer to the Committee), Scrutiny Officer, and the Assistant Director of Adult, Community and Housing Services (Ms Venables) and Mr Sanders (Directortate of Law and Property).

Also in Attendance

The Director of Finance (for Agenda item number 6), the Assistant Director of Adult, Community and Housing Services (Mr Carter) (for Agenda item number 11), the Director of Community Engagement and Primary Care and The Director of Partnerships and Service Improvement (both Dudley Primary Care Trust (PCT), Mr Roach (Dudley Walsall Mental Health Partnership Trust), Doctors Cartwright and Brindley (for Agenda item number 12) and Mr G Barker (Member of LINK).

43. **DECLARATIONS OF INTEREST**

No Member declared a personal or prejudicial interest, in accordance with the Members' Code of Conduct, in respect of any matter to be considered at this meeting.

44. **MINUTES**

RESOLVED

That the minutes of the meeting of the Committee held on 20th November 2008 be approved as a correct record and signed.

45. **PUBLIC FORUM**

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

46. ORDER OF BUSINESS

RESOLVED

That, pursuant to Council Procedure Rule 13(c), items 12 and 10 on the Agenda be considered, respectively, after item number 7.

47. REVENUE BUDGET STRATEGY 2009/10

A joint report of the Director of Adult, Community and Housing Services and the Director of Finance was submitted seeking consideration of the proposed revenue budget strategy of the Council for 2009/10 and the medium term financial strategy for the period from 2009/10 to 2011/12.

In presenting the report, the Director of Finance discussed the implications of the Council's overall budgetary position for the areas within the terms of reference of this Committee and drew attention to the areas of service that were under particular pressure. In so doing, he reported the request of the Cabinet that, should a Committee disagree with the level of budget proposed, it should then identify the budget heads from which it considered equivalent savings could be made.

In response to a question on the proposal for the removal of the remaining subsidy for meals currently received by Meals on Wheels clients, the Assistant Director of Adult, Community and Housing Services explained the alternative measures that were proposed. In relation to the befriending element of the service, the Assistant Director confirmed that discussions were ensuing with the Council's partners, including Age Concern and the Women's Royal Voluntary Service, with a view to establishing means by which this aspect could be continued and the funding streams that could be applied. The Assistant Director gave an assurance to the Chairman that the befriending element would not be discontinued.

Concern was expressed by a Member at the efficiency savings proposed from Occupational Therapy Services, in response to which the Assistant Director referred to economies of scale that were expected to result through the Council and the PCT working together jointly, rather than separately.

RESOLVED

- 1) That the Cabinet's revenue budget strategy proposals for 2009/10 and its medium term financial strategy for 2009/10-2011/12 be received and noted and that no comments be referred to the Cabinet.
- 2) That the issues raised, as recorded above, be noted.

48. QUARTERLY CORPORATE PERFORMANCE MANAGEMENT REPORT

The quarterly corporate performance management report for quarter 2 (July-September 2008) for the services under the terms of reference of this Committee, was received.

RESOLVED

That the report be noted.

49. UPDATE ON DUDLEY'S HEALTHY TOWN PROGRAMME

This item was withdrawn.

50. PRIMARY CARE PROVISION DELIVERED BY GENERAL PRACTITIONERS

A report of the Director of Community Engagement and Primary Care of the PCT was submitted providing an overview of General Practitioner (GP) provision in Dudley and the nature of current provision, including details of the annual NHS Contract to which General Practitioners and the nature of the monitoring process carried out by the PCT.

The report noted that there were five GP practices in Dudley and currently 187 full and part time GPs. The practices varied in size with list sizes ranging from just over a 1000 patients to large multidisciplinary practices with up to 20,000 patients.

The report explained that each GP was an individual contractor and provider of services, not an employee, partner or agent of the PCT. Within each contract there was provision for essential services, which were the core services that each GP would deliver, additional services and enhanced services. The types of provision made in the three respective areas of contract were described in the report. The report also summarised the contract monitoring process, which was carried out by the PCT, and the quality and outcomes framework, which measured GP performance in a number of key indicator areas, and outlined Dudley's performance in relation to the national average.

There then followed a question and answer session in which the GPs present, Doctors Cartwright and Brindley, answered questions from Members of the Committee. In this regard, reference was made to the nature and number of home visits made per day by GPs, Doctor Brindley cautioning that she was able only to give an example of her own practice; and the remedies available should a member of the public consider he or she was not receiving a satisfactory service from either the GP or the administrative staff of the practice. Doctor Brindley indicated that customer satisfaction was monitored by way of a patient survey.

The issues of missed appointments by the public was raised by one Member, in respect of which the Lead Officer to the Committee and the Director of Community Engagement and Primary Care of the PCT agreed to confer to ascertain if there were measures that could be taken jointly by the Council and the PCT to alleviate the problem.

RESOLVED

That the report be noted and that Doctors Brindley and Cartwright be thanked for their participation and contribution.

51. PALLIATIVE CARE

A report of the Director of Partnerships and Service Improvement of the PCT on end of life care for people in Dudley was submitted.

The PCT had been tasked in 2007 with reviewing their end of life care service provision as part of their Operating Framework, further to the National End of Life Care Programme established by the Government in 2004 and other government initiatives put in place to improve care for people at the end of life. The report indicated priorities for development, nationally, regionally and locally, making specific reference to the Gold Standards Framework, Advanced Care Planning and the Liverpool Care Pathway, gave information in relation to the elderly population in the Birmingham/Black Country area and outlined progress made to date, the manner of which this was being achieved and the governance arrangements. The report also listed future developments proposed in key areas of the service.

In the discussion that ensued, reference was made to the need for the Council to be flexible regarding burial and cremation services where certain faiths required this to be undertaken swiftly after death. A comment was made by one Member that this should be recognised in Council literature and reference was made to guidance contained within the Liverpool Care Pathway Strategy which would assist in dealing with this matter. A question was asked in relation to the Carer Strategy, in response to which the Assistant Director of Adult, Community and Housing Services (Ms Venables) confirmed that the strategy for 2007/12 was currently being refreshed in the light of a new strategy that has come into force in 2008.

RESOLVED

That the report be noted

52. DIGNITY IN CARE

A report of the Director of Partnerships and Service Improvement of the PCT was submitted.

The report aimed to provide for Dignity Champions across all Health and Social Care Partners and in all care environments with a particular focus on older people with a view to promoting Dudley's Value Base for Older People Services. There were two elements to the Dudley Dignity Care Programme: a monthly rolling programme and Dignity Champions. The Dignity Programme would have a set theme per month, with a series of education sessions in a variety of venues across the Borough to make it as accessible as possible and Champions would commit themselves to deliver their set objectives over the following year. The rationale to the Programme was indicated in the report, together with the high quality services that the initiative was expected to cover.

The programme aimed for long term improvements involving the following: improved care and support for older people through fewer hospital admissions; reassurance and confidence in the care provided for older people and adults; to have workforce that was fit for purpose and provided care for all adults and for a rising ageing population and, as part of the national agenda, through the National Dignity Champions Programme, the addressing of dignity through healthcare standards and the national priority of improving patient experience.

RESOLVED

That the report be noted.

53. SAFEGUARDING VULNERABLE ADULTS: DEPARTMENT OF HEALTH CONSULTATION ON "NO SECRETS" GUIDANCE

A report of the Director of Adult, Community and Housing Services was submitted summarising the content of the “no secrets” guidance in safeguarding vulnerable adults and inviting comments for inclusion in the Department of Health Consultation on the review.

RESOLVED

That no response to the consultation document be made from the Committee but that it be noted that Members may respond individually should they so wish.

54. DEVELOPING PROVIDER SERVICES IN THE PRIMARY CARE TRUST

A report of the Managing Director of Community Services of Dudley PCT was submitted on progress made on identifying the best organisational form for the safe and effective delivery of Community Services provided by the PCT from April 2009.

The position of the PCT on the matter, as at 31st December, 2008, was indicated in the report, together with the next steps proposed. In this regard, the final Executive Report would be presented to the Community Services Provider Committee of the PCT on 23rd January, 2009 and to the PCT Board on 29th January 2009. The report noted that there were some key processes that needed to be followed and these were itemised in “the next steps” section of the report. In this regard, the Managing Director for Dudley PCT Community Services indicated that for all services, service reviews were being undertaken to ensure that all services were fit for purpose.

RESOLVED

- 1) That the report be noted.
- 2) That the Managing Director for Dudley PCT Community Services be invited to future meetings of the Committee to brief it on progress and ensure that more formal consultation is commenced if required.

55. WORLD CLASS COMMISSIONING UPDATE

A report of the Director of Community Engagement and Primary Care Commissioning of the PCT was submitted updating the Committee on the progress of the PCT on this matter.

The report referred to the Strategic Plan produced by the PCT drawn up to demonstrate how the Trust proposed to improve the health and wellbeing for all people in the Borough and how the PCT would work, with its partners, to realise that ambition over the next five years. Three high level strategic objectives were indicated in the report, together with an explanation of how the PCT arrived at the objectives, what the Trust aimed to achieve through the Strategic Plan and the key areas of competencies that would be developed within the PCT as performance indicators against which the Trust would be measured. The report also indicated the further work underway to ensure that key supporting strategies were aligned to meet local needs as well as key government expectations and targets, in which it was indicated that plans would be refreshed in February in the light of the national operating framework for 2009/10.

In the discussion on this report, reference was made to the need for the sharing of good practice. In response the Director of Community Engagement and Primary Care Commissioning of the PCT explained the way in which research was being conducted, which involved a diverse group and health representatives plus health agencies.

Arising from discussion, certain Members expressed reservations about the ability of the Committee to undertake its scrutiny function, given the length of agenda of meetings and timing of meetings, the number of reports submitted for information rather than scrutiny and the remit of the Committee to consider adult social care issues as well as health issues. In referring to the items submitted by the PCT, the Director of Community Engagement and Primary Care of the Trust stated that the Trust was obliged by the government to report to Partner Health Agencies on certain issues and to provide evidence that it had done so.

The meeting ended at 8.40 p.m.

CHAIRMAN