

## **HEALTH SCRUTINY COMMITTEE**

Meeting: 6 April 2010

At: 6.00 pm

### PRESENT

Councillor Tom McGee (Chair) in the chair; Councillor Hazel Lees (Vice Chair); Councillors Walter Brett, Christine Corris, Chris Gordon, Sylvia Humphreys, Bryan Leck, June Somekh and Craig Wright.

### **1. MINUTES**

The Minutes (copies of which had been circulated) of the meeting held on 24 February 2010 were approved as a correct record and signed by the Chair.

### **2. DECLARATIONS OF INTEREST**

No declarations of interest were made.

### **3. CALL-IN**

There were no items to consider.

### **4. REPORT ON CONTROL OF HOSPITAL BASED INFECTION**

At its meeting on 7<sup>th</sup> July 2009, the Committee received a presentation on the Stockport NHS Foundation Trust Annual Plan 2009/10-2011/12. Members were informed that though 2008/9 figures represented an improvement on the previous year, the Trust had fallen slightly short of its target regarding cases of MRSA. The Committee was informed that various measures had been put in place to reduce risk of hospital based infection and requested that the Trust be invited to provide a progress report in 2010 regarding the impact of infection control during the winter months.

The Stockport NHS Foundation Trust submitted a report entitled 'Health Care Prevention Update' (copies of which had been circulated) which detailed both the method and impact of measures introduced to reduce the risk and combat hospital based infection. In addition, the Committee received a presentation from Dr Doshi which outlined vast improvements made in reducing incidences of hospital based infection in Stockport.

Promoting awareness with both staff and members of the public and ensuring that they adopted the various hygiene measures in place was the key to keeping incidences low. In order to maintain low levels, a system of root cause analysis had been adopted which allowed constant evaluation from which policy was formulated.

Although MRSA bacteraemia rates were clearly in decline, concern was expressed with regard to incidences of Clostridium Difficile, which were below the national average. However, the Committee was informed that the figures could be distorted as higher forms of the disease were being addressed.

RESOLVED – That the report be noted and that thanks and congratulations be given to Stockport NHS Foundation Trust for the report and the improvements made.

## **5. HEALTH AND WELLBEING PARTNERSHIP PERFORMANCE UPDATE**

The Director, Adult Social Care submitted a report (copies of which had been circulated) presenting the Health and Well Being Partnership's Performance Management Framework for quarter three of the reporting year 2009/10, (1/10/09 – 31/12/09). It also provided highlight and exception information, together with an update on the development of new measures and indicators.

It was reported that although performance had remained steady, there were several 'good news' stories with particular regard to supporting people with mental health problems to gain employment.

Councillors expressed a number of concerns with regard to failure to meet targets with particular regard to teenage pregnancy, breast cancer screening and hospital admissions for alcohol related harm. It was suggested that a seminar focussing on alcohol related issues in the borough - which would involve a wide range of groups and organisations - should be given future consideration. In addition, further information was requested with regard to future plans to increase the uptake of both breast cancer screening and chlamydia testing for younger people.

Although Stockport's figures in respect of smoking cessation were below the national average, it was recognised that these could be improved and that improved awareness measures should be considered. Further concern was given with regard to perceived slow process of referrals to treatment. In response to a Councillor's question it was agreed that the most recent information with regard to direct payment pilot schemes would be circulated to all Members.

RESOLVED – That the report be noted.

## **6. PARTNERSHIP REPORTING TO SCRUTINY**

The Assistant Chief Executive (Strategy and Democracy) submitted a report updating the Scrutiny Committee on a review of existing governance arrangements and the relationship between the Stockport Partnership with associated thematic boards, and Scrutiny Committees. The report also contained proposed enhanced reporting arrangements between these partnerships and the associated Scrutiny Committees.

RESOLVED – That the report be noted.

## **7. DEMENTIA SERVICES SCRUTINY REVIEW**

The Assistant Chief Executive (Strategy and Democracy) submitted a report setting out the findings of the Health Scrutiny Review on Dementia Services. It was reported that no further comments had been received on the draft report which had been circulated.

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The Chair thanked all Members and officers commenting that the Panel had gained a sound knowledge of the keys issues relating to Stockport and the review had progressed positively through a cooperative approach from all involved; particularly from the many outside organisations who had contributed.

RESOLVED – That the Executive be requested to adopt the following recommendations:

(1) That initiatives are piloted to promote positive messages regarding the support available during, and after, diagnosis of dementia. In particular, the Committee recommends that NHS Stockport commissions a mobile “memory services” vehicle in public areas such as shopping centres, designed to raise public awareness of memory conditions and the wide range of support available to people with dementia and their carers. The Committee welcomes this provision at the earliest opportunity but definitely during the 2011/12 financial year.

(2) That one GP from each of the four Practice Based Commissioning Areas is identified as a “Dementia Champion,” with responsibility for: - raising GPs’ awareness of dementia; raising awareness of the role of GPs’ in identifying symptoms of dementia and signposting patients and carers to support; promoting dementia training for GPs; and disseminating up-to-date information regarding dementia and dementia support. The Committee recommends that NHS Stockport implement this recommendation as soon as is possible.

(3) That GP training should be complemented by public information campaigns which encourage people to access their GP about concerns regarding their memory.

(4) (i) That NHS Stockport carry out a thorough analysis of diagnosis rates by individual ward area in order to identify areas with lower than expected diagnosis rates for dementia (allowing for natural variations associated with the demographic profile of individual areas); and

(ii) That NHS Stockport carry out localised targeted action based on the above analysis to improve diagnosis rates.

This work should be carried out during the 2010/11 municipal year.

(5) (i) Stockport NHS and Stockport Council (Joint Commissioning), in conjunction with the voluntary and community sector, carry out a gap analysis to identify demand for support across the borough and ensure provision is mapped to meet local demand.

(ii) Stockport NHS consult with the voluntary and community sector on an annual basis in order to carry out up-to-date audits of services and help ensure provision of dementia services continue to meet demand.

(6) (i) That further voluntary and community provision is encouraged and proactively supported by the Council as a low cost option to complement existing services and fill any gaps in provision (both in terms of location and type of service provided). In particular, the Committee recommends that the luncheon club operated in

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conjunction with Bramhall United Reform Church is considered as an example of good practice to be encouraged in other parts of the borough.

(ii) The specific needs of BME groups are considered and support is tailored to meet their needs.

(7) That joint working between NHS and voluntary service providers is encouraged in order to provide a more integrated and comprehensive service. In particular, the Committee welcomes the proposed community memory services “hubs” and recommends that they are introduced and monitored during the 2010/11 municipal year, with a view to further developing the service across the borough.

(8) That an arrangement for internal monitoring, by Stockport NHS Foundation Trust Board, of progress in relation to the implementation of the Trust’s dementia action plan is built into the plan. This will help to raise awareness and support for the plan at the highest strategic level.

(9) A specialist mental health liaison service, in line with national good practice, would derive substantial benefits at a relatively low cost. Such specialist mental health liaison service should be commissioned by NHS Stockport during the 2011/12 financial year.

(10) Evidence suggests there are benefits to be had from prompt hospital assessment and streamlined pathways through hospital for people with dementia. It is therefore recommended that:

(i) Measures are implemented to speed up the time taken to carry out an effective hospital assessment of patients who are in an acute hospital;

(ii) The pathway through hospital for patients with dementia is streamlined, and unnecessary transfers during hospital stay avoided. These actions should be initiated at the earliest opportunity.

(11) (i) All relevant stakeholders and dementia service providers sign up to the local dementia strategy and implement the appropriate actions in their organisations;

(ii) The Stockport Older People’s Working Group (mental health) takes a proactive role in monitoring the implementation of the Strategy; and

(iii) An annual report on performance in relation to the actions contained in the local dementia strategy is presented to the Health and Wellbeing Partnership Board.

(12) Membership of the Stockport Older People’s Working Group (mental health) should be refreshed to include representation from Stockport NHS Foundation Trust, in addition to all other relevant stakeholders from the PCT, Pennine Care, Stockport Council and voluntary and community sector.

(13) (i) A local set of targets and performance indicators focusing on specific priorities for improvement in relation to dementia services, is developed and agreed by the Health and Wellbeing Partnership Board;

(ii) All NHS and voluntary service providers are encouraged to sign up to the targets; and performance is reported to the Health and Wellbeing Partnership Board.

(iii) That the targets are renewed on an annual basis.

(14) That a further meeting is held in twelve months time, with all stakeholders, to monitor progress towards implementing the recommendations contained in this review and to evaluate early outcomes.

#### **8. JOINT ROLE OF CHIEF EXECUTIVE NHS STOCKPORT AND CORPORATE DIRECTOR, ADULTS AND HEALTH.**

(NOTE: The Chair was of the opinion that this item although not included on the agenda should be considered as a matter of urgency in accordance with section 100 B(4)(b) of the Local Government Act 1972 to avoid delay in the consideration of the item).

Richard Popplewell gave an oral explanation with regard to his duties plans and aspirations in respect of his joint role as Chief Executive, NHS Stockport and as Corporate Director, Adults and Health during the next three year period.

RESOLVED – That the position be noted.

#### **9. AGENDA PLANNING**

A representative of the Assistant Chief Executive (Strategy and Democracy) submitted a report (copies of which had been circulated) setting out the planned agenda items for the Committee's next meeting and Forward Plan items which fell within the remit of the Committee.

RESOLVED – That the report be noted.

The meeting closed at 7.40 pm