



## ADULT SERVICES AND HEALTH COMMISSION

7 September 2009

Report of the Corporate Director of Corporate and Adult Services and Deputy Chief Executive

### Annual Work Programme of the Adult Services and Health Commission 2009-10

#### RECOMMENDATION

- 1.1 To consider and agree the Adult Services and Health Commission's annual work programme for 2009-10.

#### SUPPORTING INFORMATION

- 2.1 The Constitution limits scrutiny commissions to submit one report to the Council Cabinet every six months. This effectively allows Commissions to conduct two reviews per year. However there are no such restrictions in the number of review reports that can be submitted to the health bodies in the Commission's role as Health Scrutiny committee.
- 2.2 Members were asked to give their suggestions for this year's work programme at the June meeting. Appendix 2 gives details of the suggestions. The Commission is asked to consider and agree items it wishes to review in this year's programme.

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<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 – Implications Appendix 2 – Possible Topics for Review

# Appendix 1

<b>IMPLICATIONS</b>
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## **Financial**

1. None arising from this report.

## **Legal**

2. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

## **Personnel**

3. None arising from this report.

## **Equalities impact**

4. Effective scrutiny will benefit all Derby people.

## **Corporate Priorities**

5. This report links with Council's priority for 2008-11 in helping us all to be healthy, active and independent.

## **Suggested Topics for ASH Commission's Work Programme 2009-10**

### **1. Childhood Obesity - Cllr Winter**

#### **Background**

The number of overweight or obese children in the UK is rising. Statistics show that nationally a third of the children are either obese or overweight with Derby expected to have similar proportions, although there is little hard data available at present to quantify this. Health experts are particularly worried about obesity in view of the health risks associated with it. These could include risk of heart disease, certain cancers, high blood pressure, joint problems, psychological difficulties and diabetes.

Childhood obesity is affected by a wide range of issue such as level of formal and physical activity being carried by children, their eating habits including school lunches, recreational habits, patterns of travel to and from school etc. This could potentially be a very large topic and could create difficulties for the commission to make recommendations. It is therefore important for the Commission to have a specific focus on which area it wishes to look at. Alternatively the Commission may wish to examine the role of the PCT and its partners in tackling the increasing levels of childhood obesity in the city. As a suggestion the Commission may wish to examine:

- level of childhood obesity in the city
- actions being taken by the PCT and its partners to address childhood obesity

#### **Review process**

Most health experts state that one of the most important factors in the fight against childhood obesity is to encourage healthy eating habits from an early age. The Commission may receive evidence from the PCT about the level of Childhood Obesity in the city and consider what actions are being taken by the Trust to tackle this problem.

### **2. Review of the Patient Transport to Hospital -Cllr Hird and supported by Cllr F Hussain**

#### **Background**

Councillor Margaret Hird, Chair of the Disabled People's Diversity Forum has suggested the Commission looks at patient transport service.

According to the experience from a member of her Forum the patient transport service can only be booked exactly two weeks in advance of the date of travel and is not always available for the return journey home. This view seems to be supported by other members of the forum who have had similar experiences. This can cause problems for some people who are unable to use public transport.

However, initial discussions with the Transport Manager at the Royal Derby Hospital reveal that the Patient Transport Service is the non urgent

element of the Ambulance Service which involves vehicles without blue flashing lights, have clear windows and can transport more than one patient at a time and have one or two members of the crew. This service is operated by the East Midlands Ambulance Service and booked by the GP on the first visit. The service needs to be booked between 2 days and 2 weeks in advance. The GP books the service by contacting the Transport Service based at the hospital. The hospital will then liaise with the patient to finalise the times and other details

The Commission may wish to consider:

- How the patient transport service operates
- How this service is promoted to patients who may need assistance
- Patient views/ experience of the service

### **Review process**

This review could be carried out over a couple of meetings and receive evidence from:

- the Royal Derby Hospital patient transport service on how the service is managed
- East Midlands Ambulance Service of their role and responsibility and response times
- Selected patients including members of the Disabled Persons Forum who may have used the service recently about their experience of the service
- Derby Link members of their experience of patient transport service
- Survey patients attending outpatient clinics to consider how they travel to the hospital and how this could be improved

## **3. Dementia Care - Cllr Tuplin**

### **Background**

The number of people with dementia is increasing as people are living longer. This not only more pressure on statutory agencies but also carers as often they suffer as much if not more than the sufferers. A suggestion has been made that the commission look at dementia in older people and how they are cared for.

Research shows that this is an important issue that is being looked at both locally and nationally. At the national level the Government has allocated £150m over the next two years to PCTs for the Carers Strategy and National Dementia Strategy of which Derby City's share is £253,556 in 2009-10 and £507,113 in 2010-11.

The Government has also selected Derby one of the Dementia Demonstrator Pilot Project also recently and awarded it £140,000. The Demonstrator project will be run in partnership with the Alzheimer's Society and expand its current two community café's to 10 across the city and test out different models. The project will also seek to increase its

carer support group from one to three as well as establishing a one to one befriending scheme.

The Council also agreed a budget of £500k over two years 2008 -10 for development of Dementia Care Services and is reviewing its residential care provision and considering providing two dementia specialist homes.

A Derby Dementia Diagnostic Tool is being prepared jointly by the Council and the PCT for submission to the Strategic health authority by the end of August 2009. This will compare the provision in the city against the national strategy.

#### **Review process**

The Commission could examine the Derby Dementia Diagnostic Tool to consider the gaps and consider whether there are sufficient resources currently or planned in the future to meet the growing needs in the city. The Commission may also look at the quality and level of support provided by the statutory agencies to the carers.

The Commission may either undertake a survey of Dementia carers or seek input from Derby LINKs to consider the type and level of support provided by statutory agencies, whether this meets their requirements and how this could be improved

### **4. Pharmacy First – OSCer**

#### **Background**

At a recent consultation event organised by Derby City NHS (PCT) looking at the Future of Primary Care in the city one of the discussion groups focused on the use of Pharmacy First to tackle health inequalities.

Apparently, there is a national scheme where patients are encouraged to visit their local pharmacies and discuss their health problems. Depending on the nature of the condition they will receive medication/ treatment without prescription. However, the pharmacy will refer patients to see their doctor should they require GP prescribed medication. Apparently the take up of this service is relatively low as many patients are unaware of its existence.

Issues to consider:

- Level of take up of this provision in the city
- Level/ types of services provided by the pharmacy
- How well the current scheme is understood and used by the public
- How pharmacy first is publicised by the PCT
- Consider whether patients can get repeat prescription from the pharmacy without going to the doctor
- Consider GP's views about this scheme and look at the impact of pharmacy first to reduce GPs workload.

#### **Review process**

- Invite local pharmacists to explain the level/ type of services they provide
- Seek views of people in the city about their knowledge and experience of using the service
- PCT to explain the how Pharmacy First works
- Number of pharmacy with private assessment facilities
- Level of support offered by the PCT to pharmacies to provide this service