

.A T A M E E T I N G

- of the -

**HEALTH SCRUTINY PANEL** held at  
the Council House, Walsall on  
**02 November 2006** at 6.00 p.m.

**PRESENT**

Councillor Woodruff  
Councillor D Pitt  
Councillor Robertson  
Jim Weston  
Dr Ramaiah  
Anandagiri Shankar

Patient Forum  
Director of public health  
Specialist Registrar in Public  
Health Medicine Walsall tPCT

**OFFICERS PRESENT**

Dave Martin  
Nikki Ehlen

Interim Chief Executive  
Scrutiny Officer

**27/06 APOLOGIES**

Apologies were received from Kathy McAteer, Catherine Boneham and Dr Desai.

**28/06 SUBSTITUTIONS**

There were no substitutions for the duration of the meeting.

**29/06 DECLERATIONS OF INTEREST AND PARTY WHIP**

Councillor Woodruff declared a personal non prejudicial interest as employee of the Walsall Hospital NHS trust and Councillor D Pitt declared a personal and non prejudicial interest as an employee of West Midlands Ambulance Service.

**30/06 MINUTES OF THE PREVIOUS MEETING**

That the minutes of the meeting held on 21 September 2006, copies having been previously circulated to each member of the panel be approved and signed by the Chair as a correct record.

**31/06 UPDATE ON WALSALL PRIVATE FINANCE INIATIVE (PFI)**

Councillor Woodruff informed the panel that the PFI had been awarded to Walsall Hospitals NHS Trust, who had appointed a preferred partner for the Hospital Redevelopment Scheme. Councillor Woodruff tabled the Walsall Hospitals NHS Trust Chief Executive's Update, and suggested that Sue James would be invited to update the panel on 18 January 2007.

## RESOLVED

That the Chief Executive of the Manor hospital (Sue James) was invited to update the panel at its next meeting.

## 32/06 FALLS PREVENTION

Dr Ramaiah spoke to the presentation (annexed), and apologised that Bal Kaur was not able to attend the panel.

Dr Ramaiah explained that the national service framework stated that falls prevention was an important issue in public service agreements and a target existed in Local Area Agreements to reduce falls in the older population.

Dr Ramaiah informed the panel that Elizabeth Buggins would be able to provide members with more information on these targets.

Dave Martin questioned what sat behind the targets.

Dr Ramaiah stated that this affected families and neighbourhoods and increased demand was placed on health, and social care services.

It was explained to the panel that a target for the Local Strategic Partnership was to increase life expectancy, and key to this, was reducing the incidence of falls. Dr Ramaiah stated that each year 15,000 people fall and 1,000 – 2000 people attend a local hospital in Walsall due to a fall; the panel discussed the burden on health services.

Councillor D Pitt asked if aids and adaptations to properties had been considered, to reduce the risk of a person falling.

The panel were advised that the targets in the public health falls prevention strategy were linked to reducing falls, and also the associated after care of a person who has experienced a fall. The panel were informed that a falls co-ordinator was to be appointed, to bring together multi-agency work that had been completed on falls within the borough. Dr Ramaiah stated that it was important that there was consistency of care across the borough.

Dr Ramaiah informed the panel that he was encouraged by the positive work being carried out between the Council and Walsall tPCT. He advised the panel that healthcare professionals were receiving training in falls prevention to raise awareness of this issue.

Dave Martin stated that a large number of the older population were likely to have a healthcare professional visiting them at home, and that it was important to ensure that healthcare professionals consider falls prevention when they go into a person's home to raise awareness in the community.

Councillor Robertson expressed the opinion that a partnership approach was vital; he discussed the problems created by older people being nervous of falling.

Dr Ramaiah explained that attendance in the Accident and Emergency department had been monitored to discover if there was a correlation between the number of

accidents and the type of weather, he explained that there appeared to be no increased attendance at the accident and emergency department through falls, when it had snowed.

Dave Martin suggested that pendent alarms offered to older people can alleviate anxiety caused through fear of falling.

Councillor Pitt stated that people grow older but their environment remains the same, and there was a need for risk assessments and modification to homes. He also stated that a demonstration of equipment provided was needed for the equipment to be beneficial.

Dave Martin suggested that if equipment had been delivered to older people without a demonstration of its use, it was important that it was reported, to prevent this happening again.

Dr Ramaiah directed the panel's attention to the flowchart in the presentation, he advised the panel that a programme manager for falls prevention was to be appointed within the next two weeks.

Dr Ramaiah stated that falls prevention did not receive as much prioritisation as other issues, although simple things could be done to reduce the burden that falls can have on society as a whole.

Councillor Robertson asked how Walsall performed on a national basis in comparison to other local authorities.

Dr Ramaiah explained that some benchmarking of other local authorities had taken place but that also other local authorities had benchmarked against Walsall.

Dave Martin stated that in his opinion it would make a huge difference to have a person employed to pull together the work that had been completed on falls.

Members discussed how falls could be prevented.

Dave Martin stated that it was important that people took personal responsibility for any equipment that was provided to them, to allow the Council to offer as much assistance as possible without this posing a risk to the authority. He added that the issue of personal responsibility was discussed in the recently published local government White Paper.

Jim Weston informed the panel that he was a member of the falls prevention group, he told the panel that if a person had experienced one fall, they were more likely to have another fall.

Dr Ramaiah informed the panel that following the allocation of £10 million to the NHS Bank by the tPCT, the planned programme for falls prevention could not be completed. He stated that the tPCT was hopeful that they would be able to include falls prevention into the programme in the next financial year.

33/06 QUARTERLY PERFORMANCE INFORMATION RELATING TO THE NHS BANK

Dave Martin explained that the most up to date action was going to be taking place within 1 – 2 weeks. The panel were advised that the NHS bank was not eroding key targets, but that ambitions were less as a result of resourcing issues. He suggested that further detail was reported to the next meeting.

Councillor Pitt asked if the tPCT would be expected to return budget growth into the NHS bank next year.

Dr Ramaiah explained that it was his understanding that the NHS Bank was a one-off, and that some of the budget growth that had been put into the NHS bank, would be returned in the next financial year.

The panel discussed the lasting damage that may be experienced through the reduction in resources.

Councillor Robertson asked if neighbouring service providers had experienced any detrimental effects as a result of the NHS Bank.

Dr Ramaiah informed the panel that Walsall tPCT had done better than others, but that £10 million was a substantial amount of money to lose and ultimately would have an impact on health services.

#### RESOLVED

That the panel received a report on performance information relating to the NHS Bank at the next meeting n 18 January.

#### 34/06 FORWARD PLAN

The panel noted the forward plan.

#### 35/06. TRAINING ITEMS

The panel noted the training item.

#### 36/06 NEXT PANEL MEETING

The panel discussed holding the panel at Dorothy Pattison at the next meeting on 18 January.

#### RESOLVED

That the next panel meeting is held at Dorothy Pattison hospital, with a tour to be held at 4.30.

#### TERMINATION OF MEETING

There being no further business, the meeting terminated at 7.15 p.m.

Chairman .....

Date .....