

HEALTH SCRUTINY AND PERFORMANCE PANEL

Monday, 24 October, 2011 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor R. Carpenter
Councillor R. Martin
Councillor I. Robertson
Councillor D. Russell
Councillor H. Sarohi
Councillor I. Shires

Portfolio holders present

Councillor M. Bird - Leader
Councillor C. Towe - Finance and Personnel

Officers present

Andy Rust, Head of Joint Commissioning
Isabel Gillis - Director of Public Health
Sue Hartley - Director of Nursing
Yvonne Thomas -
Richard Topping, West Midlands Ambulance Service General Manager (Black Country)
Paul Baylis, West Midlands Ambulance Service Area Manager (Black Country North)
Steve Corton - Head of Community Engagement (Dudley PCT)
Les Williams - Strategy Lead (Black Country NHS Cluster)
Jane Hayman -
Lloyd Haynes - Finance Accounting Manager
Fiona Pendleton -
Dawn Kenney -
Craig Goodall - Scrutiny Officer

96/11 Apologies

Apologies for absence were received from Councillor D. Turner and Councillor V. Woodruff.

97/11 Substitutions

Councillor I. Shires substituted for Councillor V. Woodruff.

98/11 Declarations of interest and party whip

There were no declarations of interest or party whip for the duration of the meeting.

99/11 Minutes

Resolved

That the minutes of the meeting held on 5 September, 2011, a copy having previously been circulated, be approved as a true and accurate record.

100/11 Elderly Care at Walsall Healthcare NHS Trust

The Panel reviewed the findings of the Care Quality Commission (CQC) report following an unannounced inspection of the "In-Patient Unit" conducted on 13th April, 2011. Members considered the improvement plan drafted in response to the CQC inspection findings and recommendations.

The Director of Nursing highlighted the following issues to the Panel:-

- The growing elderly population;
- Joint working between the hospital and Council to reduce hospital admissions;
- New nutrition and hydration initiatives;
- The pastoral care programme for elderly patients;
- Customer feedback scheme reporting to staff.

The following were the principle points from the ensuing discussion:-

- Members were pleased with the introduction of the snack trolley and procedures for dealing with patients who may have difficulty drinking;
- It was noted that discomfort with dentures could cause considerable strain for some elderly people;
- Patient feedback was monitored at all times along with the way services were delivered;
- Pre-requisite standards of care were emphasised to staff to ensure 100% compliance with key working practices;
- £400,000 had been invested in new nursing staff. The emphasis in their training programme was patient dignity;
- A Member expressed concern regarding feedback he received about staff eating take away meals on the Ward during night shifts. The Director of

Nursing stated this was unacceptable and undertook to investigate this complaint.

Resolved

That:-

- (1) the allegations of hospital staff eating take away meals on Wards during night shifts be investigated by the Director of Nursing;
- (2) the report be noted.

101/11 Manor Hospital public finance initiative

The Panel considered a report of the private finance initiative (PFI) used to finance the construction of the Manor Hospital.

The Director of Nursing tabled the report (annexed) and stated that the financial position of the hospital with regard to the PFI.

The Chair noted that current inflation rates could see the annual repayment premium increase above anticipated levels.

Resolved

That the report be noted.

102/11 Walsall Healthcare NHS Trust Foundation Trust Status Consultation

The Panel considered the draft consultation strategy for Walsall Healthcare NHS Trusts (WHNHST) Foundation Trust (FT) status consultation. The Governance Officer reported that the WHNHST needed to become a FT with Government requirements by 2014. As part of the application, a request consultation was required.

Resolved

That:-

- (1) young people be actively consulted as part of the Walsall Healthcare NHS Trust Foundation Trust status application consultation;
- (2) the Panel be consulted on Walsall Healthcare NHS Trust Foundation Trust status application at a future meeting.

103/11 West Midlands Ambulance Service Hub Location

The Panel were informed of the location of the new ambulance hub that would serve the Black Country north area, which included Walsall.

The Area Manager (Black Country) reported that the hub would be located on Ashmore Lake Way in Willenhall. It was planned to be operational by September, 2012. The new hub would also see the introduction of new working practices.

He explained that the consultation with staff was taking place about the new working practices and negotiations were taking place regarding new rota systems.

The Head of Joint Commissioning noted that the new hub was located near to several Council Social Care services which provided opportunities for new ways of integrated working.

Resolved

That the report be noted.

104/11 Ambulance Response Times

The Panel considered ambulance response times in Walsall.

The General Manager (Black Country) explained that the ambulance service was meeting its targets for response times. In response to a question he explained that a single primary care trust (PCT) commissioned ambulance services for the entire West Midlands. It was explained that the vast majority of ambulance calls were not related to call outs with other emergency services.

Resolved

That the report be noted.

105/11 Vascular Surgery in Walsall, Dudley and Wolverhampton

The Panel considered the proposed reconfiguration of vascular surgery and screening in Dudley, Walsall and Wolverhampton.

The Director of Public Health highlighted the following issues to Members:-

- The rationale for change;
- The reasons for restricting the tender process for the vascular specialist centre to the three existing NHS providers;
- The governance and decision making process taken;
- The communication and consultation process undertaken.

The following were the principle points from the ensuing discussion:-

- Market analysis had demonstrated that no private sector provider could provide the required services 24 hours a day for 365 days a year;
- In order to provide sufficient improvement in outcomes, the specialist vascular surgery centre needed to serve a population of 800,000;
- After care for each patient would be provided in a location suited to their needs, as close to their home as possible;
- Screening for abdominal aortic aneurysms (AAA) would take place locally for Walsall residents.

Following a question from the Chair of the Panel, Members confirmed they were happy with the level of consultation about the reconfiguration that had taken place.

The Chair commented that he had concerns regarding the procurement process for the vascular specialist centre. He noted the procurement for the AAA screening provider had been opened up to private sector tenders but this had not happened for the vascular specialist centre. He felt that this lost opportunity to outside competition weakened the procurement process. The Director of Public Health reported that a market analysis had been completed and that this would be shared with the Panel.

Resolved

That subject to the market analysis for the vascular specialist centre being shared with the Members, the Panel agreed that the proposals for Vascular Services reconfiguration do not constitute a substantial variation or development of service requiring a joint committee as:-

- (a) NHS Walsall has been seen to complete its duty to involve and consult as required under the NHS Act, 2006;

- (b) the proposed changes are not driven by cost savings but primarily by clinical factors based on best practice to:-
 - (i) improve patient outcomes;
 - (ii) reduced risk to patients

106/11 Improving trauma care across the West Midlands

The Panel considered proposals to transform the way that trauma care was delivered in the West Midlands.

Les Williams, Strategy Lead for the Black Country PCT Cluster, advised Members of:-

- The case for change;
- How new proposals worked in improving patient safety and care;
- Communication and engagement to date;
- Why restricting the potential trauma care providers to NHS deliverers achieved best outcomes for patients and taxpayers.

In response to a question, it was explained that the new proposals were expected to cost £6 - £8 million more than current trauma services. Some of these costs would need to be met through local PCTs or by providers themselves. This change was a co-ordinated response across the system, for example WMAS, was to establish a separate trauma desk. More expensive trauma treatments would be provided at regional Major Trauma Centres.

Following a question from the Chair, the Panel agreed they were satisfied to support a period of engagement rather than a form of consultation.

Resolved

That the Panel support a period of engagement rather than a formal consultation about the proposed trauma care reconfiguration on the basis that:-

- (a) the changes are a requirement of the NHS Operating Framework in England 2011/12;
- (b) the changes are driven primarily by clinical factors which increase the availability of trauma services and to improve patient outcomes.

107/11 Framework for the Management of the Procedures of Limited Clinical Value

Members considered the framework of the procedures of limited clinical value (PLCV) being developed by the PCT in response to a request from the Strategic

Health Authority. Jane Hayman (JOB TITLE) highlighted the basis of the proposed framework which is based around:-

- Don't do procedures;
- Choose not to do procedures;
- Procedures that have limited clinical evidence.

She explained that individual procedures would be identified in due course and reported to the Panel. It was explained that this was a nationwide practice but there would be safeguards in place for PLCV to take place if patients had a particular medical history.

In response to a question it was explained that natural remedies and alternative therapies were only commissioned for end of life treatments.

The Head of Joint Commissioning noted that in some local areas where restrictions on PLCV had been introduced, patients had complained directly to the local Health Scrutiny Committee. The Chair stated that he felt it was not the role of the Panel to get involved in individual cases.

Resolved

That a further report be considered at a future meeting outlining specific procedures that limited clinical value which would cease or become restricted under the procedures of limited clinical value framework.

108/11 Financial Plan 2012/13 to 2014/15: Draft Revenue and Capital Budget Proposals for Consultation

The Panel considered the Social Care portfolio plan for service delivery along with the approach being taken to limit service improvements and cost efficiency over the next three years (2012/13 to 2014/15).

The Panel were informed of the proposed savings and capital investments for the Social Care and Inclusion portfolio. The Head of Joint Commissioning explained that it was the aim of health partners to enable older people to live independently in the community. This should reduce the need for expensive social care residential placements and improve the quality of life for older people in the Borough.

The Leader highlighted changes to the delivery of social care created by benefits based charging for personalisation. The Portfolio Holder (Finance and Personnel) emphasised the importance of supporting voluntary community sector (VCS).

The following are the principal points from the ensuing discussion:

- Members supported the concept of elderly residents being supported to live independently in the community so long as there were checks and balances in the system to ensure their safety.

- Adequate support was required for elderly residents to make the correct decisions following delegation of personal budgets for care.
- The VCS was viewed as critical to ensuring that as many elderly residents as possible could live independently. In view of this important role the VCS should be strongly supported by the Council and its partners through funding and capacity building.
- Approximately 26% of adults receiving care were receiving personal budgets as at April 2011.
- Telecare and other remote means of communication should only be used when it was acceptable for the person concerned.
- Procurement of new domiciliary care contracts was currently taking place.

Resolved

That the following comments be considered by Cabinet in preparation of the 2012/13 budget and financial plan:

- a) The concept of elderly residents and disabled adults being supported to live independently in the community is supported by the Health Scrutiny and Performance Panel, subject to there being sufficient checks and balances in the system to ensure their safety.**
- b) Adequate support should be provided to elderly residents and disabled adults to make the correct decisions following delegation of personal budgets for care.**
- c) The Health Scrutiny and Performance Panel considered the voluntary and community sector (VCS) as critical to ensuring as many elderly residents and disabled adults as possible are able to live independently. In view of this important role the VCS should be strongly supported by the Council and its partners through funding and capacity building.**

109/11 2010/11 Final Budgetary Position Pre-Audit

Members were informed of the revenue outturn for the year ended 2010/11, subject to external audit for services within the remit of the Panel.

The Finance Account Manager highlighted the revenue outturn positions for the learning disabilities (£2.1m overspent) and Integrated Community Equipment Store (ICES) (£1,000 underspend) pooled budgets shared by the Council and PCT.

Following a question the Head of Joint Commissioning explained that approximately 70 individuals were in receipt of expensive out of borough residential care. Reviews were taking place with service users to establish whether their needs could be met locally. So far 20 service users had returned to the borough.

Resolved

That the report be noted.

110/11 Quarter 1 Financial Monitoring Position for 2011/12

Members considered the predicted revenue outturn position for 2011/12, based on financial performance for quarter 1 (April 2011 to June 2011), for services within the remit of the Panel.

The Finance Account Manager explained that, on current performance, the learning disabilities budget was forecast to show a net revenue overspend of £1.76m and the ICES revenue budget was forecast to breakeven.

In response to a question Members were informed that approximately 10 agency staff were employed for social care work.

Resolved

That the report be noted.

111/11 Work Programme 2011/12 and Forward Plan

The Panel considered the latest version of Cabinet's Forward Plan of Key Decisions and their Work Programme.

The Chair noted that the Panel were due to meet twice in two weeks. He stated that these meetings would only go ahead if there was sufficient business to consider.

Resolved

That paternity services be added to the Panel's Work Programme.

112/11 Date of Next Meeting

It was noted that the date of the next meeting would be confirmed by the Chair.

Termination of meeting

The meeting terminated at 8.30 p.m.

Signed:

Date:

