

HEALTH SCRUTINY AND PERFORMANCE SUB-PANEL

Tuesday 3 March 2009 at 6.00 p.m.

Panel Members present Councillor V. Woodruff (Chair)
 Councillor A. Paul
 Councillor I. Robertson

Officers present Dave Martin – Executive Director – Social Care & Inclusion
 Margaret Willcox – Assistant Director Social Care &
 Inclusion - Adult Services
 Sam Ramaiah – Director of Public Health NHS Walsall
 John Linanne – Deputy Director of Public Health NHS
 Walsall
 Terry Mingay – Managing Director, Walsall Community
 Health
 Yvette Sheward – Director of Corporate Development NHS
 Walsall
 Phil Griffin – Associate Director of Primary Care
 Commissioning NHS Walsall
 Marsha Ingram – Director of Corporate Affairs, Dudley and
 Walsall Mental Health Trust
 Craig Goodall – Acting Principal Scrutiny Officer

Others Present Jim Weston

41/08 APOLOGIES

There were no apologies for absence.

42/08 SUBSTITUTIONS

There were no substitutions for the duration of the meeting.

43/08 DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor V. Woodruff declared a personal interest as an employee of Walsall Hospitals NHS Trust.

44/08 FORWARD PLAN

The panel noted the forward plan as previously circulated.

45/08 DEVELOPMENT OPPORTUNITIES

Members noted the available training opportunities.

46/08 REDUCING PERINATAL AND INFANT MORTALITY IN WALSALL

The Sub-Panel considered the efforts being undertaken to reduce perinatal and infant mortality in Walsall.

Sam Ramaiah informed the Sub-Panel that since 2000 there had been 223 cases of infants dying before their first birthday. An analysis of these cases had taken place which led to the drafting of the report that had been issued to Members in the agenda papers (annexed).

He explained that cases of infant mortality were more likely to take place if the mother was:

- from a poor and deprived background
- Consanguineous marriages (first cousins)
- smoked
- grossly obese
- A combination of the above factors

The key recommendations from the report were focussed on:

- Encouraging pregnant women to give up smoking
- Encouraging breast feeding
- Emphasising the need to improve socio-economic backgrounds
- Encouraging change to historical religious practices to reduce consanguineous marriages

The most complex problem was reducing consanguineous marriages. Research had shown that this type of marriage was most likely to affect Muslim mothers from a Pakistani background. Work was ongoing with community leaders to try and influence and change historical practices but this was a long term strategy. Increased scans were available for mothers from this type of background and work was underway to identify families who had a history of infant mortality due to genetic defects. If infant deaths from Muslim mothers were removed from the Walsall statistics then the area would have comparable figures to other local areas.

The following are the principle points from the ensuing discussion:

- Members encouraged work to take place with religious leaders through mosques to pass the message on about the potential problems which could occur through consanguineous marriages.
- Marriages between second and third cousins were less likely to result in genetic defects at birth.
- Smoking mothers were offered significant support to stop smoking throughout their pregnancy. Anecdotal evidence suggested that some mothers continued to smoke during pregnancy as they believed it would reduce the size of their baby and thus result in an easier birth.
- Problems with obese mothers needed to be addressed in the community as a whole.
- There was a small rate of infant deaths from young mothers.

RESOLVED:

That perinatal and infant mortality be reconsidered in 12 months.

47/08 COMMISSIONING NHS DENTAL SERVICES ON THE EAST OF THE BOROUGH OF WALSALL

Members participated in the consultation of the proposed procurement of dental services by NHS Walsall as part of its Oral Health Improvement and Dental Commissioning Strategy.

The Sub-Panel considered the proposals and were satisfied that there was an imbalance of NHS Dental practices in the east of the borough. Members felt that two smaller practices would be appropriate, with one placed in a more affluent area. The practices should work together in partnership with each other and other local surgeries and be easily accessible by all methods of transport at all times that the practice is open.

RESOLVED:

That the comments of the Health Scrutiny and Performance Sub-Panel be submitted to the NHS Walsall Board for consideration.

48/08 TRANSFORMING COMMUNITY SERVICES – ENABLING NEW PATTERNS OF PROVISION

Members were briefed on the guidance recently received from the Department for Health surrounding the required transformation of community services, including the move to a purely contractual relationship with commissioners and the consideration of organisational form best suited to the local transformation programme.

Terry Mingay explained that the initiative was centred around ensuring that community health providers put quality at the heart of patient care and that it was up to health commissioners to lead that process. A key part of this was ensuring the correct organisational form for the organisations delivering community care.

She explained the timetable for completing this task and was pleased to report that the first stage of the process was already complete as bcal community providers were already in a contractual relationship with the local commissioner. By October 2009 it was a requirement to have developed a practice plan for community services proposing how patient choice will be enhanced and how competition will be introduced to drive up service quality and value for money.

After this the Strategic Health Authority (SHA) and tPCT will need to make decisions about estates and property that will be available for use by community organisations. The estate would always be retained by the commissioner.

She concluded that much of what was proposed was already complete in Walsall. The aim in the long term was to develop a community foundation trust for the area to introduce increased public accountability and participation. This issue was currently on hold. Following questions she explained that the decision was hold as there were outstanding decisions to be taken on what services were to be delivered as well as being aware of what the likely size and cost of the organisation would be.

In terms of increasing value for money Terry Mingay explained that there were a whole host of service improvement plans in place that looked to increase efficiency and reduce costs.

49/08 MENTAL HEALTH TRUST

Members were provided with a summary of progress in establishing Dudley and Walsall Mental Health Partnership NHS Trust (MHT) since its inception on 1 October 2008. An overview of services and resources was received along with an outline of the strategic next steps that the MHT were planning.

Marsha Ingram recapped the process for establishing the MHT which now had responsibility for all previous mental health care delivered by local PCT's, including the estates used to deliver services. Services would continue to be delivered locally so long as commissioners requested this, however, it was noted that the economic forecast for the NHS indicated leaner times ahead which may mean that less services are commissioned.

Future funding was further complicated by the anticipated change over to a 'payment by results' method whereby the MHT would charge for packages of care delivered to individuals. It was noted that this was a difficult charging method to implement as mental health care packages were typically unique to each individual case and therefore difficult to quantify within a set formula.

Staff costs took up a high percentage of annual turnover and were split nearly evenly between Dudley and Walsall. It was likely that the MHT would breakeven this year. Work was ongoing regarding the potential impact of funding changes to the 'Payment by Results' scheme from 2010/11.

In terms of future activity reviews were taking place to establish current roles and responsibilities as well as areas of good practice and areas for improvement. A clinical strategy would be complete by early autumn. A stakeholder event was planned to contribute to MHT's future strategic direction. The MHT was already considering transition to a foundation trust as a long term aim.

The Chair requested a breakdown of services that were provided in Walsall at transfer and what services were still available at present. Marsha Ingram confirmed that this could be provided and stated that if any changes took place to provided services then this would be through the choice of Walsall PCT rather than the MHT.

In response to a question that suggested that Walsall MHT staff felt disengaged Marsha Ingram reported that this did not surprise her as formal engagement and consultation with staff had only taken place 3 times and the Social Care Forum had only recently held its first meeting last month. The Board were keen for this to improve and hoped that these processes would embed themselves over the next few months.

The panel were informed of the MHT 'Corporate Dashboard' of performance indicators.

In closing the item the Chair suggested the possibility of establishing a joint health scrutiny panel with Dudley to scrutinise the MHT and asked that this be investigated.

RESOLVED:

That:

- 1. a comparison of mental health services provided in Walsall by the Dudley and Walsall Mental Health Trust at present at and at time of transfer be provided to Members;**
- and;**
- 2. a joint health scrutiny panel with Dudley Council be investigated to consider the Dudley and Walsall Mental Health Trust.**

50/08 UPDATE ON BREAST SCREENING

Members considered breast screening in Walsall following the reporting of the underachievement in the 2007/08 annual healthcheck.

John Lianne reported that the figures indicating that the target for breast screening had been missed reported in the annual healthcheck were on a regional, West Midlands level. Locally, Walsall had a breast screening uptake of 75% which exceeded the national target of 70%. However, it was likely that it would become more challenging to meet this target in the future due to the widening of the age range of women that would be targeted for scans from scans for all women aged 50-70 to all women aged 47-75. As well as changes to procedures that would require each woman to be scanned twice and for each scan to be read by two different doctors.

It was further explained to Members that there was variable uptake of breast scans across Walsall. For, example in the more affluent areas there was a take up rate of 90% which fell to 70% in deprived areas or areas with a high black and minority ethnic population.

A major challenge that needed to be overcome to help increase the uptake of breast screening was the identification of safe and secure locations where the mobile scanning unit could be left for a number of months. This would help to reduce the number of cancellations and re-bookings that took place for appointments. The future of a mobile service could be called into question in the future with the introduction of digital scanners. The cost of digital scanners may mean that it would be more viable for breast scanning to take place at a handful of fixed locations rather than through a mobile service.

51/08 WORLD CLASS COMMISSIONING

Yvette Sheward explained that World Class Commissioning was a developmental process for PCTs the SHA had reported on the outcome of the PCT's first assessment against the World Class Commissioning framework.

She explained that high scores had not been expected for this first assessment and that the majority of the eleven competencies had been scored at level one or two out of a maximum of four. Walsall was ranked as an 'amber' for Strategy, Finance and Governance PCT along with around 80% of all other PCT's. It was expected that all PCT's should be achieve green and level three or four within the next few years. The

principal areas for development for Walsall are clinical engagement, stimulating the market and the use of real time information to promote continuous quality and improvements.

52/08 PERFORMANCE MONITORING REVIEW

Members considered how and who they would like to receive performance information from in the future.

Members considered the various ways that they could review performance information and agreed that they would stagger performance reports from health providers throughout the year rather than consider new data from all providers at each of their meetings. The following reports would be required:

- Walsall Hospitals – complaints and serious infections
- NHS Walsall complaints
- Ambulance response times
- Walsall Community Health Complaints
- Dudley and Walsall Mental Health Trust complaints and ‘corporate dashboard’

RESOLVED:

That the following performance data be considered by the Health Scrutiny and Performance Sub-Panel, on a timetable to be agreed, during 2009/10:

- **Walsall Hospitals – complaints and serious infections**
- **NHS Walsall complaints**
- **Ambulance response times**
- **Walsall Community Health Complaints**
- **Dudley and Walsall Mental Health Trust complaints and ‘corporate dashboard’**

53/08 DATE OF NEXT MEETING

The date of the next meeting was noted as being 6.00pm on 30 April 2009.

The meeting closed 7.35 p.m.

Chair:

Date: