

HEALTH SCRUTINY AND PERFORMANCE PANEL

23 November 2009 at 6 p.m.

Panel Members present	Councillor Ault Councillor Carpenter Councillor Robertson Councillor Paul Councillor Woodruff
Portfolio holder	Councillor McCracken
Officers present	Dave Martin – Executive Director Social Care and Inclusion Margaret Willcox – Assistant Director Adults Services Nigel Imber – Accountant - Service Projects & Older People Marsha Ingram – Director of Corporate Affairs (DWMHT) Kieran Larkin – Communication and engagement manager (DWMHT) Professor Ramaiah - Deputy Chief Executive of NHS Walsall Paul Leighton – Group Leader Glyn Oliver - Traffic & Transportation Service Manager Phil Walmsley - Divisional Director for Unplanned Care (Walsall Manor Hospitals) Nikki Ehlen – Scrutiny Officer

32/09 APOLOGIES

Apologies for non-attendance were submitted on behalf of Dr Desai and Councillor Creaney.

33/09 SUBSTITUTIONS

There were no substitution(s) for the duration of this meeting.

34/09 DECLARATIONS OF INTEREST AND PARTY WHIP

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

35/09 MINUTES OF PREVIOUS MEETING

Resolved

That the minutes of the meeting held on 13 October 2009, copies having previously been circulated, be approved as a true and accurate record subject to the addition of Councillor McCracken in the attendance list.

36/09 TRAINING OPPORUNITY

For Members information, members were asked to contact the scrutiny team if they wished to attend this event.

37/09 HEALTH INEQUALITY STRATEGY – FINDINGS OF NATIONAL SUPPORT TEAM (NST)

Professor Ramaiah explained that he would be presenting this item (annexed) on behalf of Barbara Watts. One of the recommendations was that elected members were given a greater understanding of health inequalities that affected the borough. The panel were informed that the NST would be visiting NHS Walsall in February to consider an action plan to address health inequalities. Professor Ramaiah stated that NHS Walsall were satisfied that they were making good progress in this area. Dave Martin stated that as part of the Comprehensive Area Assessment (CAA) there was concern that there was a lack of progress in the speed at which gaps were closed. The Council and its partners challenged how the NST could provide a good report of the service and under the CAA it could potentially receive a 'red flag'.

The panel agreed that the recommendations from the report needed to be prioritised, and NHS Walsall should ensure that this happens when discussions are held with the NST. Members agreed that there was no quick fix to health inequalities, and that all reports going through the Council and its partners should include a statement about its impact on health inequalities. Dave Martin confirmed that this was expected to happen. The consumption of alcohol in the borough was discussed and the need to make people aware of the effects of alcohol. The progress made in teenage and unwanted pregnancies and the link to health inequalities was discussed. Professor Ramaiah emphasised that teenage Mothers were getting a lot of support to complete their education.

Recommendation

At the next meeting of the Health Scrutiny and Performance Panel, NHS Walsall is invited to bring the recommendations from the NST to the Health Scrutiny and Performance Panel for prioritisation for the meeting with NST in February.

38/09 CAR PARKING AT THE MANOR HOSPITAL

Phil Walmsley introduced himself to the panel and informed members that from 1 December 2009, 40 new spaces would be provided and by 2012 there will be a total 120 visitor spaces. Members enquired about pedestrian crossings.

Councillor McCracken asked what the percentage of disabled spaces were, Phil Walmsley suggested that there was a significant block of disabled parking, with more planned close to the entrance of the new build. Dave Martin suggested that there were two approaches to car parking which were to offer more car parking spaces or to provide disincentives to driving into work and offer alternative travel arrangements. The panel were informed that the travel arrangements of hospital staff were considered when allocating spaces to ensure prioritisation took place.

Members stated that the £10 a week pass for regular visitors needed advertising, and suggested that the 'pay as you go' system at the hospital was not practical. Phil Walmsley said that he would feed this back.

39/09 CAR PARKING AROUND MANOR HOSPITAL

Paul Leighton stated that he was pleased to hear parking was being dealt with at the hospital because parking around the hospital had an impact on the local community. The panel were informed that the Council and police enforce parking restrictions in the area surrounding the hospital and that this was important to local residents. He emphasised that there should be a balance on the restrictions that are enforced and providing the facility for people to park on the public highway. The main points of discussion were;

- Parking restrictions were continually being reviewed
- On street parking was not encouraged for staff at the hospital
- Staff were prepared to pay for visitor parking on certain occasions
- Habits needed to be changed
- Travel plans were in place
- The cost of staff parking at the hospital was perceived to be low by panel members

The obstruction of dropped kerbs was discussed, when this was enforced it would be clearly demonstrated when people could and could not park over a dropped kerb.

Members suggested that officers needed to concentrate on bus services to the hospital and working with partners to improve the provision. The panel were informed of a complaint that transport to the hospital from Willenhall was inadequate. The panel requested more information on bus routes to the hospital and how many areas were affected in this way. Members were informed that a working group of the Environment Scrutiny and Performance Panel were considering this issue.

Resolved

That the Integrated Transport Working Group are informed of a complaint about the provision of public transport to the Manor Hospital and asked to consider this as part of their review

40/09 WALSALL HOSPITAL COMPLAINTS AND SERIOUS INFECTIONS

Phil Walmsley updated the panel on the number of serious infections at the hospital and informed members that there had been;

- 7 cases of C-diff, 4 of which were hospital attributable
- 1 case of MRSA attributable to the hospital and 2 cases of MRSA in the year.

The significant contributing factors to the reduction in infection rates were that all patients were screened prior to treatment.

41/09 WALSALL HOSPITAL WAITING LISTS AND CANCELLED OPERATIONS

The panel had been informed that there had been 75 complaints. In response to this there had been a staff engagement campaign.

Members were informed that hospitals were expected to make an appointment for a patient within 18 weeks of referral. The Manor Hospital was one of only 5 hospitals in the country to meet this 18 week referral to treatment. The panel discussed a recent letter that was sent to patients and they were informed that the hospital acknowledged that the wording was misleading, and had taken action to rectify this. Members were also informed that a new system should significantly improve the cancellation of appointments

42/09 SWINE FLU IN WALSALL

Professor Ramaiah stated that the 'swine flu peak' had come and gone, 10,000 people in Walsall had received antiviral drugs with collection points operating 7 days a week. The swine flu vaccination programme targeted 45,000 people in 'at risk groups' although people appeared reluctant to be vaccinated. The next phase of vaccination would be children under the age of 5. This scale of vaccination had never been done before, the main source of vaccinations would be G.P's and that this was extra activity for them. In terms of supply, there were no issues with supply of the vaccine.

Dave Martin started that the challenge was that the public perception was that the swine flu effect had not been as bad as anticipated as there was no visible problem in the work place and people do not perceive their service to be under threat. Members requested an update on occupational health in the Council on swine flu vaccinations in social care.

43/09 NHS WALSALL ANNUAL REPORT AND BUDGET DISCUSSION

This item was deferred until the appropriate officer is available to present the report.

44/09 INTEGRATED COMMUNITY EQUIPMENT STORES (ICES) POOLED BUDGET – 2009/10 SECOND QUARTER FORECAST

Nigel Imber presented the ICES pooled budget report informing members that in month 6 there had been a £59,000 underspend which was considered reasonable for a budget of this size and partners could carry this forward or offset it.

Dave Martin clarified that references to waiting time for services largely related to larger items of equipment and major adaptations. He recognised that people were not getting the equipment they were waiting for but that this was because the demand was not for small items of equipment but for larger items or major adaptations.

45/09 LEARNING DISABILITIES POOLED BUDGET – 2009/10 SECOND QUARTER FORECAST

Nigel Imber presented the learning disabilities pooled budget report informing members that there was an overspend of £43,000 in this budget this was due to increased demand and it was hoped that this would be bought back in line as soon as possible.

46/09 WORK PROGRAMME AND FORWARD PLAN

Members noted this report, the Chair informed the group that the dementia working group would be meeting soon and that it was the intention that a mini conference would be held on dementia in early spring 2010.

47/09 DATE OF NEXT MEETING

The date of the next meeting was confirmed as 4 January 2010.

The meeting terminated at 7.40 pm.

Chair:

Date: