



Health, Social Care and Inclusion Scrutiny and Performance Panel

Meeting to be held on 14 July 2008 at 6.00p.m.

Your attendance is requested at the above meeting, which will be held at the Council House.

A list of the items of business to be considered at the meeting, together with any supporting papers is enclosed. Please bring the papers with you to the meeting.

MEMBERSHIP: Chair: Councillor Woodruff

 Councillors: Councillor Bird
 Councillor Paul
 Councillor Roberston

PORTFOLIO HOLDER: Councillor McCracken – Social Care, Health and Housing

Walsall Council encourages the public to exercise their right to attend meetings of Council, Cabinet and Committees.

Agendas and reports are available for inspection from the Council's Scrutiny Team at the Council House, Walsall (Telephone 01922 653317) or on our website www.walsall.gov.uk.

Some items are discussed in private because of their confidential nature, and reports on these are not available for the public. A guide to the types of information which are available to the public can also be found on our website or at the Civic Centre.

Corporate Performance Management, The Council House, Walsall, WS1 1TW
Contact: Jody Latham ☎ 01922 652140 E-mail: lathamjody@walsall.gov.uk
www.walsall.gov.uk

ITEMS FOR BUSINESS

1.	Apologies To receive apologies for absence from the meeting of Members of the Panel.	
2.	Substitutions To receive notice of any substitutions for a member of the Panel for the duration of the meeting.	
3.	Declarations of interest and party whip To receive declarations of interest or the party whip from Members in respect of items on the agenda.	
4.	Minutes of previous meeting To approve and sign the minutes of the meeting that took place on 07 April 2008	<u>Enclosed</u>
5	Development Opportunities To consider the available development opportunities for Members. Internal Courses: Importance of Performance Management 29 July 08 (Please contact Marie Davies for more information 01922 65 5669)	<u>Enclosed</u>
6.	Forward Plan To consider the Forward Plan that was issued on 06 June 08.	<u>Enclosed</u> <i>FP 07 July to follow</i>
7.	<i>Review of 'A Better Idea' Consultation</i> An opportunity to comment on the proposed services being procured by Walsall tPCT as part of the national programme of increasing access to GP services under the Equality of Access to Primary Medical Care scheme.	<u>Enclosed</u>
8.	Joint Mental Health Strategy update To advise Health Scrutiny Panel on the progress and process of establishing a new Partnership Trust for mental health services in Walsall.	<u>Enclosed</u>
9.	Change in status of the Manor Hospital, an update	<u>Presentation</u>
10.	Date of next meeting To confirm the date agreed by the Chair.	

HEALTH SCRUTINY AND PERFORMANCE PANEL

Monday 7 April 2008 at 6pm.

Panel Members present

Councillor V. Woodruff (Chair)
Councillor C. Micklewright
Councillor A. Paul
Dr. Sam Ramaiah (Director of Public Health)
Mr. Jim Weston (Patient Forum)
Cath Boneham (PALS)

Officers present

David Martin – Executive Director, Social Care & Inclusion
Margaret Willcox – Assistant Director Social Care & Inclusion - Adult Services
Diane Lee – Director of Corporate Services - West Midlands Ambulance Service
Mike Browne – Walsall Hospitals Trust
Pat Kennerley – Walsall Hospitals Trust
Stella Forsdike – Walsall tPCT
Yvette Sheward – Walsall tPCT
Angela Walker – Scrutiny Officer

53/07 APOLOGIES

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

54/07 SUBSTITUTIONS

There were no substitutions for the duration of this meeting.

55/07 DECLARATIONS OF INTEREST AND PARTY WHIP

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

56/07 MINUTES OF PREVIOUS MEETING

Members identified an error in the minutes of the meeting of 17 March 2008, Molly Cashmore had attended the meeting, but Pat Kennerley had not. Members queried whether the report regarding learning from reports had been received as requested at the previous meeting. Angela Walker confirmed it had not yet. Pat Kennerley agreed to send the report to Angela Walker for distribution to the Panel.

Resolved:

That the minutes of the meeting held on 17 March 2008, be amended to reflect the correct attendance

And

That Pat Kennerley forward the complaints report including lessons learnt to Angela Walker for distribution to Members.

57/07 SUMMARY OF PERFORMANCE INFORMATION THE PANEL HAVE RECEIVED

The Chair informed Members that the summary of performance information included in the papers previously circulated was for information only and Members were invited to comment, although the purpose of this item was to help support the items for discussion on the Healthcare Commission Third Party Commentary.

There were no comments or questions from Members on this item.

58/07 HEALTHCARE COMMISSION THIRD PARTY COMMENTARY

The Chair explained to the Panel that the purpose of the meeting was to examine the 3 trusts self assessments for the Healthcare Commission standards selected by the Panel which would in turn enable the Panel to provide a Third Party Commentary for each trust. The Panel were informed that earlier that day the Chair and Scrutiny Officer had attended a meeting of the Regional Health Scrutiny Chairs at Solihull. This had enabled sharing of good practice around the Healthcare Commission Standards commentary between the West Midlands Authorities and had been a source of useful information on other Health Scrutiny issues. The Chair led discussion on the core standards and asked Panel Members to comment as each of the standards were raised.

The Panel heard from each of the Trusts in turn on their self-assessments. A summary of the information received from each Trust is below:

West Midlands Ambulance Service

Core Standard C1 – Healthcare organisations protect patients through systems that:

- a) Identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on local and national experience and information derived from the analysis of incidents*
- b) Ensure patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales*

The Ambulance Service informed the Panel that CRB checks are carried out on all staff on commencement of their roles. A CRB check will be repeated if the member of staff changes roles.

The Chair asked how the Ambulance Service dealt with MRSA. In response, the Ambulance Service confirmed that there had been no incidents of MRSA, probably because the interior of the ambulances are largely hard surfaces that can be easily wiped down between patients. The Panel were informed that there are no routine checks for MRSA and that staff are issued with hand cleaning gels. In response to a Member's question, the Ambulance Service confirmed that spot checks will be built into the infection control policy, however to date, swabs taken have shown no trace of infection.

Core Standard C20 – Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:

- a) Safe and secure environment which protects patients, staff, visitors and their property and the physical assets of the organisation*
- b) Supportive of patient privacy and confidentiality*

West Midlands Ambulance Service stated that risk assessments are carried out on all equipment and vehicles. A health and Safety officer will visit “difficult” patients i.e. those who are particularly heavy. All staff are trained to assess risks on a daily ongoing basis due to the nature of the work undertaken. A new lone workers policy is currently being drafted for the new trust.

Members acknowledged the new response car in Brownhills which benefits the residents of Pelsall and Brownhills and is hoped will improve previously low response times.

David Martin queried the statistics on page 95 of the papers, as it appeared the West Midlands Ambulance Service had many more incidents than the comparators in the table. Sue Green clarified for the panel that in fact the data is subsets of the West Midlands Ambulance Service i.e. its component parts and the WMAS column is the total.

The panel were informed that violence towards staff is taken very seriously. Instances of reported assaults have increased, although this is partly due to the profile of reporting all incidents being raised amongst staff.

Sue Green informed the panel that the West Midlands Ambulance Service has achieved all of its financial targets and was awarded “service of the year” last year.

The Panel were also informed that there are 2 standards which may have insufficient assurance, these being clinical training (C5) and medicine management (C4) Checks are underway prior to final submission to confirm level of assurance.

Walsall tPCT

Core Standard C1 – Healthcare organisations protect patients through systems that:

- a) Identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on local and national experience and information derived from the analysis of incidents*
- b) Ensure patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales*

In response to a Member’s question, the representatives from the tPCT confirmed that there are more incidents when dealing with patients with mental health conditions, in particular more verbal abuse towards staff.

Core Standard C2 – Healthcare organisations protect children by following national guidelines within their own activities and in their dealings with other organisations

The tPCT representatives confirmed that the tPCT are compliant with legislative requirements for CRB (Criminal Records Bureau) checks on staff and the Panel were informed that detailed information was included in their papers.

Core Standard C4a – Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin Resistant Staphylococcus Aureus (MRSA)

A Member enquired whether there was a high proportion of MRSA in the community. Dr Sam Ramaiah responded that the proportion is below the regional rate and Terry Mingay confirmed that Walsall is held as a beacon of good practice by the SHA (Strategic Health Authority) in minimising healthcare acquired infections.

Core Standard C4d – Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely

The Panel were informed that the tPCT are compliant with medicines management and that Patient Group Directions (PGD's) are in place where appropriate.

Core Standard C5 – Healthcare organisations ensure that:

- a) *they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care*
- b) *clinical care and treatment are carried out under supervision and leadership*
- c) *clinicians continuously update skills and techniques relevant to their clinical work*
- d) *clinicians participate in regular clinical audit and reviews of clinical services*

The Panel were informed that the tPCT are fully compliant with Core Standard C5.

Core Standard C6 – Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met

David Martin suggested that as the new structure of the arms length provision of community services develops, the Panel should look at how this is working and what opportunities for Scrutiny it brings. Panel Members agreed that this would be something to be considered for next years work programme.

Core Standard C8 – Healthcare organisations support their staff through:

- a) *having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services*
- b) *organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups*

The Panel were informed that a whistle blowing policy is now in place and that this has been used by 1 person to date.

In response to David Martins question, Yvette Sheward confirmed that equality monitoring does take place. David Martin suggested that a common approach to equalities across all partners would be useful and potentially something that Scrutiny could look at during the 2008/09 municipal year.

Core Standard C12 – Healthcare organisations which either lead or participate in research have systems in place to ensure that the principals and requirements of the research governance framework are consistently applied

Members were informed that a lone worker policy is in place, along with a buddy policy and that all staff are aware that these policies are in operation.

Core Standard C14 – Healthcare organisations have systems in place to ensure that patients, their relatives and carers:

- a) *have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services*
- b) *are not discriminated against when complaints are made*
- c) *are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery*

The Chair informed the Panel that regular complaints monitoring information had been received and discussed by the Panel during the year.

Core Standard C15 – Where food is provided healthcare organisations have systems in place to ensure that:

- a) *patients are provided with a choice and that it is prepared safely and provides a balanced diet*
- b) *patients individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day*

The Panel were informed that all staff with responsibility for preparing food have a food hygiene certificate. Any allergies are noted in the patients' records and there have been no incidents relating to allergies. The Panel also heard that protected mealtimes had been introduced to ensure patients do not miss meals and have assistance if needed.

Core Standard C16 – Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care they receive and, where appropriate, inform patients on what to expect during treatment, care and after care

Members commented on the new health centres, that accessibility was very good and feedback from residents had been positive, in particular around the fact that all services can be found in one place.

Core Standard C18 – Healthcare organisations enable all Members of the population to access services equally and offer choice in access to services and treatment equitably

The Chair asked what effect the breast screening being moved to Birmingham has had on patients' experience of this service. The tPCT representatives informed the Panel that there had been no change to the service on offer, the rota had remained the same. Stella Forsdike informed the Panel that a lot of work had been done and is ongoing with ladies who have learning difficulties to increase their attendance for screening, this includes pre-visits and allowing extra time for appointments.

The Panel were informed that screening rates were above the national average, however work was still required to continue to improve take up.

Core Standard C20 – Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:

- a) safe and secure environment which protects patients, staff, visitors and their property and the physical assets of the organisation*
- b) supportive of patient privacy and confidentiality*

Stella Forsdike informed the Panel that risk assessment was part of all tendering process and contractors must demonstrate their compliance with carrying out assessments at the tendering stage. Compliance is also checked throughout the life of the contract.

Core Standard C22 – Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- a) cooperating with each other and with local authorities and other organisations*
- b) ensuring that the local Director of Public Health's Annual report informs their policies and practices*
- c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships*

David Martin stated that there was a clear East / West gradient in Walsall and that he believed a health inequalities strategy was under development. Once a draft strategy was available, a consultation period would commence. David Martin suggested that the consultation should be brought to the Health Scrutiny and Performance Panel.

Resolved:

that the Health Scrutiny and Performance Panel consider including the arms length provision of community services within its work programme for 2008/09

and:

that the Health Scrutiny and Performance Panel consider including a common approach to equalities across all partners within its work programme for 2008/09

and:

that the consultation on the health inequalities strategy be considered by the Panel for inclusion in its 2008/09 work programme.

Walsall Hospitals Trust

Pat Kennerley began the discussion on the Walsall Hospitals Trust self-assessment by informing the Panel that they would be declaring insufficient assurance on 3 of the core standards, which would be highlighted to the Panel during the discussion. Pat Kennerley confirmed that the Healthcare Commission use a risk based approach to decide which of the standards they will look at in detail based on the Trusts self assessment. As a result of the 2006/07 self assessment, the last inspection conducted by the Healthcare Commission to the Hospital Trust found insufficient assurance in 5 of the 6 standards they were auditing.

Core Standard C2 – Healthcare organisations protect children by following national guidelines within their own activities and in their dealings with other organisations

Pat Kennerley confirmed that CRB checks take place for all staff on appointment or change of role.

Core Standard C4a – Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin Resistant Staphylococcus Aureus (MRSA)

The Panel agreed that the presentation given by Mike Browne at the meeting of the Health Scrutiny and Performance Panel on 17 March 2008 provided enough evidence to enable the Panel to comment on this standard. Further to this, Pat Kennerley confirmed there have been 9 cases of MRSA this year and 3 of these had been hospital acquired. In response to a Member's question, Pat Kennerley confirmed that patients do not leave hospital with MRSA.

The Chair commended the work of the hospital in controlling the Norovirus outbreak.

Core Standard C4 (b) – all risks associated with the acquisition and use of medical devices are minimised

Pat Kennerley informed the Panel that C4 (b) is one of the standards for which the Hospitals Trust is declaring insufficient assurance as there are several issues still outstanding which work is ongoing to address.

Core Standard C8 – Healthcare organisations support their staff through:

- c) *having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services*
- d) *organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups*

The Hospitals Trust representatives confirmed that a whistle blowing policy is in place and it has been used, although they could not confirm whether this had taken place in the last 12 months or not.

Core Standard C11 – Healthcare organisations:

- a) *undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies*
- b) *require that all employed professionals abide by relevant published codes of practice*

The Hospitals Trust representatives informed the Panel that between January and December 2007, 80% of staff had completed the mandatory training programmes.

Core Standard C13 (b) – Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

The Panel were informed that this was another of the standards for which the Hospitals Trust were declaring insufficient assurance. The consent policy has been reviewed in light of the Healthcare Commission visit in July to ensure consent is gained for medical photography and its use in training slides and video. Patients are also now informed of their right to refuse to give information. Although these procedures are now in place, the trust can only show 4 months evidence of this and therefore cannot declare compliance until they have been in place for a full 12 months.

Core Standard C14 – Healthcare organisations have systems in place to ensure that patients, their relatives and carers:

- a) *have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services*
- b) *are not discriminated against when complaints are made*
- c) *are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery*

In response to a Member's question, the Hospitals Trust representatives confirmed that the number of complaints received relating to car parking at the hospital have decreased as more spaces have been opened up for patients, however there are still some complaints from staff.

Core Standard C15 – Where food is provided healthcare organisations have systems in place to ensure that:

- c) *patients are provided with a choice and that it is prepared safely and provides a balanced diet*
- d) *patients individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day*

In response to a Member's question, the Hospitals Trust representatives confirmed that there is no date yet confirmed for when the preparation of food at Goscote Hospital will cease. It was recognised that in the long term, this is unsustainable but there are currently no plans in the short term to stop. Members were informed that patients get a good choice of meals and there are a growing group of voluntary feeders in place.

Core Standard C16 – Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care they receive and, where appropriate, inform patients on what to expect during treatment, care and after care

The Panel were informed that this was another of the standards for which the Hospitals Trust were declaring insufficient assurance. This is due to there being no archive system for paper based leaflets so the Hospitals Trust are unable to confirm what leaflets are in place from what dates and if the information has expired. The Panel were informed that the Trust is putting in place a system to ensure all forms and leaflets are dated until all are electronic based.

Core Standard C18 – Healthcare organisations enable all Members of the population to access services equally and offer choice in access to services and treatment equitably

In response to a Member's question, Mike Browne and Dr Sam Ramaiah confirmed that there has been no particular change in the number of GP's using the Choose and Book system.

Core Standard C21 – Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises

The Panel were informed that the Healthcare Commission had been pleased with the deep clean at the hospital during their visit in July. The hospital has rapid response teams in place for deep cleaning after outbreaks. The Panel were told that the deep clean at the Manor Hospital started before most of the NHS and that paper curtains are used only when there is an outbreak, not as routine.

The Chair asked whether there are any issues with Health and Safety in East Wing. Pat Kennerley responded that risk assessments are carried out to ensure any issues are minimised and resolved.

59/07 Dates of Future Meetings

The Chair informed the Panel that as this was the last meeting of the Panel in the current municipal year, no future dates are scheduled. David Martin suggested that the Panel consider the tPCT's Local Delivery Plan to identify content for next years work programme. The Local Delivery Plan would give a good sense of where the Health budget is being spent and local health priorities. Dr Sam Ramaiah suggested that the Panel might also be interested in examining the Perinatal and infant mortality rates in the borough and what the tPCT is doing to tackle these issues.

The meeting terminated at 7.10 pm.

Chair:
Date:

DRAFT



National Children and Adult Services Conference 2008

22nd to 24th October 2008
Liverpool Arena and Convention Centre



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Welcome

The conference theme is Sharing the Vision - Shaping the Future.

This year's programme will consist of a mix of keynote / ministerial addresses and other significant plenary sessions by key players in the adult and children sectors. There will also be the opportunity to take part in a variety of participatory breakouts and networking sessions.

Who Should Attend?

This event is vital to councillors, senior officers, policymakers and service managers with responsibilities for children's and adult social care in the statutory, voluntary and private sector.

It is also an important opportunity for their partners in health, education and related fields and MPs with an interest in social care, children's services and education.

The conference will provide an opportunity to consider issues of health and well being for children and adults. It will include sessions on children's services, social care, choice, education, lifelong learning, innovation and excellence in service provision. Underpinning this work and a key theme for this conference will be building and supporting the staff that deliver these services.





FORWARD PLAN OF KEY DECISIONS

Civic Centre,
Darwall Street,
Walsall, WS1 1TP
www.walsall.gov.uk

6 June 2008

FORWARD PLAN

The forward plan sets out decisions that are termed as “key decisions” which the Executive (Cabinet) intend to take over the following 4 months. Preparation of the forward plan helps the Council to programme its work. The purpose of the forward plan is to give plenty of notice and an opportunity for consultation on the issues to be discussed. The plan is updated each month with the period of the plan being rolled forward by one month and republished. The plan is available for public inspection at the Civic Centre Reception, Darwall Street, Walsall. Copies of the plan can be obtained from John Garner, Constitutional Services, Walsall MBC, Civic Centre, Darwall Street, Walsall, WS1 1TP, 01922 653500 or e-mail cabinetoffice@walsall.gov.uk. The forward plan can also be accessed from the Council’s website at www.walsall.gov.uk. The Cabinet are allowed to make urgent decisions which do not appear in the forward plan.

Please note that the decision dates are indicative and are subject to change. Please contact the above addressee if you wish to check the date for a particular item.

The Cabinet Members and their responsibilities are as follows:

Leader of the Council	Councillor John O’Hare
Children’s services	Councillor Zahid Ali
Communities and partnerships	Councillor Garry Perry
Environment	Councillor Rachel Walker
Finance and personnel	Councillor Al Griffiths
Leisure and culture	Councillor Louise Harrison
Procurement, transformation and performance management	Councillor Mohammed Arif
Regeneration	Councillor Adrian Andrew
Social care, health and housing	Councillor Barbara McCracken
Transport	Councillor Anthony Harris

The Cabinet agenda and reports are available for inspection by the public 7 days prior to the meeting of the Cabinet. The papers can be seen at First Stop Shop at the Civic Centre, Walsall. The papers are also available on the Council's website referred to above shortly before the meeting. Background papers are listed on each report submitted to the Cabinet and members of the public are entitled to see these documents unless they are confidential. The report also contains the name and telephone number of a contact officer. These details can also be found in the forward plan.

Meetings of the Cabinet are open to the public and take place in Conference Room 2 at the Council House, Walsall on a monthly basis. Occasionally there are items included on the agenda which are confidential and for those items the public will be asked to leave the meeting.

The forward plan does not list all decisions which have to be taken by the Council only "key decisions" which are those decisions which have a significant effect within the community or which involve considerable expenditure or savings.

Dates of Cabinet meetings for 2008/2009

2008	2009
18 June	14 January
16 July	4 February
17 September	18 March
22 October	22 April
19 November	
17 December	

FORWARD PLAN OF KEY DECISIONS JULY TO OCTOBER 2008 (6.6.08)

1	2	3	4	5	6	7
Reference No./ Date first entered in Plan	Key decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
83/07 (18.5.07)	Sustainable community strategy. The SCS sets the scene for Walsall to become a prosperous borough and unites all partners behind a common vision, setting the context for partners to work together to deliver a sustainable and more prosperous borough. Cabinet are requested to approve the strategy and refer it to Council.	Cabinet Council	Clive Wright 654707	Partners, residents, Citizens' panel, focus groups, Scrutiny panels, LNPs	Councillor O'Hare	18 June 2008 7 July 2008
119/07 (10.12.07)	Decriminalised parking enforcement operational framework. Approval of broad framework for directing enforcement activity across the borough	Council	Paul Leighton 652458	PCT, Health Trust, Strategic Health Authority	Councillor Harris	7 July 2008
39/07 (18.5.07)	Review of Licensing Act 2003. The Licensing Act 2003 introduced significant changes to licensing laws and to the regulation of entertainment and late night refreshment in order to create a more responsive and flexible approach to the way licensed premises and activities are conducted in England and Wales. From November 2005 the responsibility for the regulation of the sale and supply of alcohol from the Magistrates' Court transferred to Walsall Council as the licensing authority. Section 5 of the Licensing Act 2003	Council	John Beavon 652214	Regulatory authorities, emergency services, Licensed trade associations, Pubwatch, Chamber of Commerce, voluntary groups, health bodies, internal	Councillor Walker	7 July 2008

18	<p>requires that the Licensing Authority must prepare and publish a statement of its licensing policy every 3 years. This current policy was produced in compliance with the Licensing Act 2003 and subordinate legislation and guidance issued by the government. The current licensing policy is now subject to review and consultation is underway. The last date for receipt of comments is 2 June 2008. The report to Council will present the proposals for any amendments to the policy based on feedback obtained through consultation with interested parties. It is proposed to present the findings from a cumulative impact assessment undertaken with a view to specifying a saturation policy within a given area.</p>						
62/08 (6.6.08)	<p>Walsall Housing Group – proposed changes to group structure. This report seeks the support of Walsall Council to proposed changes to the current structure of Walsall Housing Group (whg). The proposed new group structure would enable whg to become more effective and more efficient and to ‘do more of what we are here for and do it even better’. These changes would establish five Local Neighbourhood Boards that have more time to focus on local issues and listen and respond to local concerns. Walsall Housing Trust (WHT) would become the property owning Registered Social Landlord in the group. Walsall Council would</p>	Council	Liz Walford , Walsall Housing Group	Customers, funders, partners	Councillor McCracken	7 July 2008	

	continue to nominate three non-Executive directors to the Walsall Housing Trust Board and one on each of the five Local Neighbourhood Boards. This is the same as existing arrangements, as would be tenant membership on Local Neighbourhood Boards and the WHT Board. The new Local Neighbourhood Boards would be responsible for monitoring local service performance; listening to feedback from customers and to community concerns; bringing local knowledge to discussions on local issues; be a voice for whg in the local community; and use their local knowledge to assist the WHT Board to shape overall service delivery across the group.					
47/08 (6.6.08)	Area Based Grant (ABG). Approval of proposed allocations of funding recommended by WBSP Executive Committee to deliver the Local Area Agreement, proposed change in approval processes to enable business to be conducted between Cabinet meetings and extensions to original programme deadlines to enable robust planning to take place.	Cabinet	Jo Lowndes WBSP	None	Councillor O'Hare	16 July 2008
48/08 (6.6.08)	WBSP Constitution and Accountable Body Agreement. Approval of both documents as required by agreed governance arrangements contained within the WBSP constitution.	Cabinet	Jo Lowndes WBSP	None	Councillor O'Hare	16 July 2008

24/08 (11.2.08)	Special Educational Needs provision. Outcome of consultation approved at Cabinet on 6 February on a proposal to establish designated SEN provision for pupils with sensory needs (primarily hearing impairment) at Joseph Leckie Community Technology College.	Cabinet	Susan Lupton, Education Walsall 686231	Schools	Councillor Zahid Ali	16 July 2008
45/08 (9.5.08)	Shelfield Sports and Community College – proposed academy. Cabinet approved consultation on a proposal to close Shelfield Sports and Community College from 31 December 2008 subject to opening of the school as an academy from 1 January 2009. The decision was called-in by scrutiny. The consultation subsequently commenced on 12 May and ends on 20 June. Outcome of consultation will be reported to Scrutiny and to Cabinet.	Cabinet	Susan Lupton Education Walsall 686231	Department for Children, Schools and Families, Ormiston Trust	Councillor Zahid Ali	16 July 2008
46/08 (9.5.08)	Phase 3 Children's Centres development . In April 2008 Cabinet agreed the development of 3 new children's centres. Further Cabinet approval is sought on the geographical areas the new centres will reach and principles for allocating the financial resources to enable access to children's centre service delivery across Walsall.	Cabinet	Carl Britton Education Walsall 686282		Councillor Zahid Ali	16 July 2008
59/08 (6.6.08)	Structures of secondary schools. Some Walsall local authority maintained schools are considering changing their status. Any change of status could have implications for the Council. Cabinet to be asked for its views on the potential changes in the status of the schools.	Cabinet	Susan Lupton Education Walsall 686231		Councillor Zahid Ali	16 July 2008

60/08 (6.6.08)	Birchills C of E Primary School. Consultation on the proposal to significantly enlarge Birchills CE Primary School from 1.5 forms of entry to 2 forms of entry	Cabinet	Susan Lupton Education Walsall 686231	HR, finance, legal, regeneration	Councillor Zahid Ali	16 July 2008
61/08 (6.6.08)	Education Capital Programme Approval of further schemes to be added to the Capital Programme	Cabinet	Susan Lupton Education Walsall 686231	HR, finance, legal, property services	Councillor Zahid Ali	16 July 2008
33/08 (7.4.08)	Procurement of a new residual waste treatment plant outside the borough with Staffordshire County Council – approval of heads of terms	Cabinet	Keith Stone 652100	Staffs CC, Warwickshire CC, internal	Councillor Walker	16 July 2008
36/08 (9.5.08)	Oracle finance and procurement transformation project – approval of financial investment project. The report seeks Cabinet approval for the upgrade of the Oracle Financials and iProcurement systems and the implementation of a new operating model for financial and procurement transactions. It also sets out the strategic business case for the project including the recommended technical option, costs and benefits.	Cabinet	James Walsh 652910		Councillor Arif	16 July 2008
92/07 (10.10.07)	Corporate Asset Management Plan The Corporate Asset Management Plan outlines the council's approach to the strategic management of the property portfolio. The Plan identifies the emerging Corporate Property Strategy and how directorates and property teams work together to ensure the efficient and effective use of property resources.	Cabinet	Steve Law 652075		Councillor Andrew	16 July 2008

18/08 (11.2.08)	<p>Land at Littleton Street/Hatherton Street. The Council has been requested to consider the disposal of its land to the east of the junction of Littleton Street and Hatherton Street Walsall as the preferred location for an office development. Negotiations are on-going for the disposal of the council's freehold interest in the land to facilitate the development, which is seen as a key component of the Office Corridor project. Cabinet approval for the sale on terms to be agreed is sought. .</p>	Cabinet	<p>Steve Law 652075 Paul Nicholson 652489</p>	Urban Regeneration Company	Councillor Andrew	16 July 2008
37/08 (9.5.08)	<p>St. Matthews Quarter – The Council has been working with developers and landowners to bring forward the retail led regeneration of this part of the town centre. In order to deliver this aspiration the developers have approached the Council with a view to acquiring the Council's land interests in the area. The scheme will require the temporary relocation of the market to the Bridge whilst a permanent location is developed. Cabinet approval is sought to agree the details of the temporary relocation of the market, its future management arrangements and details of the development agreement</p>	Cabinet	<p>Paul Nicholson 652489 Richard Chadwick 652576</p>	<p>Regeneration Scrutiny Panel and Markets Working Group, Market Traders Association, Town Centre Management Partnership, Walsall Regeneration Company</p>	Councillor Andrew	16 July 2008

38/08 (9.5.08)	<p>Police station – The West Midlands Police Authority has identified a preferred location for its new Walsall Police HQ. The Council is a considerable landowner in the preferred location and the Police Authority has approached the Council with a view to purchasing its interest and securing its support to assemble the remainder of the site. Cabinet approval is sought “in principle” for the pursuit of a compulsory purchase order to help deliver the police station relocation and for the sale of land to the Police Authority.</p>	Cabinet	Paul Nicholson 652489 Richard Chadwick 652576	Walsall Regeneration Company	Councillor Andrew	16 July 2008
35/08 (9.5.08)	<p>Appointment of framework contractor for capital programme. The delivery of the red routes, bus showcase and major transportation schemes has become critical over the last few years and there are significant projects planned to be implemented over the next 3-5 years. To ensure that the Council is equipped to deliver a future programme of works and to allow the transportation team to potentially tap into a further £3-4m to be spent on improving the highway network around Walsall it is proposed to form a partnership with one contractor. Cabinet approval is requested to tender a contract to appoint a framework contractor to undertake schemes within the capital programme.</p>	Cabinet	Stuart Everton 652560	Internal	Councillor Andrew/Harris	16 July 2008

50/08 (6.6.08)	Building construction and consultancy strategy. Cabinet in September 2006 approved a strategy for building construction and maintenance works. The strategy has been developed to include a range of specialist and consultancy contracts and proposals for collaboration via the Black Country Procurement Consortium. Cabinet are requested to give delegated authority to enter into contracts for building and consultancy contracts.	Cabinet	Kevin Kendall	Internal	Councillor Andrew	16 July 2008
51/08 (6.6.08)	Barcroft Primary School. The new Barcroft School will replace the current premises on Albion Road and Elm Street with a new school building on the Elm Street side and playing fields on Albion Road. The funding for the project will come from a number of sources and Cabinet will be asked to seek delegated authority to enter into a contract.	Cabinet	Kevin Kendall Susan Lupton 686231	Internal	Councillor Andrew/Zahid Ali	16 July 2008
53/08 (6.6.08)	Former Redhouse School, Gorse Way, Aldridge sale of Council's freehold interest in residential development site. The school closed and the site has previously been declared surplus to requirements by Cabinet. An outline planning permission for residential development has been obtained and it is proposed to advertise the site for sale by formal tender. Cabinet to approve a sale to the highest bidder provided that the figure can be certified as best consideration in accordance with Section 123, Local Gov. Act 1972.	Cabinet	Steve Pugh	Internal	Councillor Andrew	16 July 2008

41/07 (9.7.07)	Review of transport policy. In October 2007 adult social services commenced a review of transport provision. This focused on direct provision (transport provided by local authority provision), indirect provision (external contracted provision via taxi or mini-bus), identifying the transport needs of vulnerable people and how these needs could be best met. The review's objective is to develop a more efficient and effective service across all areas and user groups.	Cabinet	Wendy Woodward 658377	Social care, and inclusion, voluntary sector, service users	Councillor McCracken	16 July 2008
29/08 (10.3.08)	Communities for Health Funding The report will outline current expenditure on funding which has been provided by the Department of Health. Cabinet approval is sought for continuing the programme. In all £150,000 has been awarded to the Council, plus a further £70,000 for the preparation of early years and teen lifecycle which will be implemented by the Government later in the year.	Cabinet	Tim Challans 650336	tPCT, Voluntary sector	Councillor McCracken	16 July 2008
41/08 (9.5.08)	Fairer charging policy. Amendment of existing policy for non residential care to update changing care, charge rates, addition of different charges and changes to make the policy fit for purpose for 2009.	Cabinet	Steph Simcox 652703	Social care and inclusion, independent sector	Councillor McCracken	16 July 2008
42/08	Approval of the charging scheme for extra care housing. To standardise extra care charging policy across Walsall including the new Housing 21 schemes. At present there is no extra consistent care charging policy within Walsall Council and practice varies	Cabinet	Nigel Imber 652723	Social care and inclusion, independent sector	Councillor McCracken	16 July 2008

	amongst providers. With the development and increase in extra care it is necessary to standardise policies and processes across providers to ensure equity and equality for service users and to avoid ambiguity.						
58/08 (6.6.08)	Re-tender for residential nursing care services. Proposals for the re-tender of the Council's residential and nursing care services are a core element of the overall modernisation and redesign of services for older people and people with disabilities. The main aim is to achieve consistency by standardising contracts whilst in turn improving the specification of those services in order to provide high quality care at an affordable cost. Cabinet approval is sought to consult and go out to tender and delegate the award of the contract to the Executive Director for Social Care and Inclusion	Cabinet	Gary Mack 658393	Staff, partner organisations, users carers	Councillor McCracken	16 July 2008	
52/08 (6.6.08)	Rushall Mews refurbishment. Cabinet are requested to refer to Council the variation of the capital programme to allow the refurbishment of Rushall Mews to go ahead as part of the contract with Housing 21 with Older People's services.	Cabinet Council	Steph Simcox 652703	Staff, partner organisations, users carers	Councillor McCracken	16 July 2008 8 Sept 2008	
104/07 (9.11.07)	Highways repair and maintenance partnership – approval of preferred bidder. Selection of a contractor to deliver a highways repair and maintenance service for the Council for a period of up to 8 years.	Cabinet	Keith Stone 653301	Internal and prospective partners	Councillor Harris	16 July 2008	

34/07 (19.4.07)	Outcome of street trading review. Following consideration by Licensing and Safety and Development Control Committees of outline proposals to change the nature and location of street trading consents and to regulate advertisements and obstructions on the highway, details proposals are out for consultation with a closing date of 20 June. A further opportunity will be provided for LNPs to make comments and final proposals will be presented to Licensing and Safety Committee on 30 July and thereafter to Council to implement the proposals with effect from 1 April 2009.	Council	John Beavon 652214	Regulatory authorities, emergency services, Town centre partnerships, Chamber of Commerce, trade associations, stakeholders LNPs Internal	Councillor Walker	8 September 2008
59/06 (18.8.06)	Mellish Road Methodist Church. The report is intended to summarise the findings of a recent economic appraisal that assesses the viability of the retention and conversion of the existing building. Cabinet to approve the pursuance of a compulsory purchase order for the site based on the conclusions of the appraisal.	Cabinet	Simon Tranter 652543	English Heritage	Councillor Andrew	17 September 2008
67/06 (18.8.06)	Darlaston Strategic Development Area – authorisation to publish orders and processes	Cabinet	Steve Pretty 652598	Walsall Regeneration Co., Environment Agency, British Waterways, statutory undertakers, AWM	Councillor Harris	16 July 2008

49/08 (6.6.08)	<p>Energy supply contract – renewal of future contract cycle with purchasing body. Cabinet in November approved procurement of gas and electricity via the specialist procurement body, Yorkshire Purchasing, with effect from 1 April 2008. The Council joined the purchasing cycle part way through the annual cycle. The first refreshment of this cycle is for gas on 1 June 2008 and electricity in November 2008. Each contract is for 12 months. Cabinet are requested to give delegated authority to enter into a contract for energy supplies.</p>	Cabinet	Kevin Kendall	Internal	Councillor Andrew	17 September 2008
55/08 (6.6.08)	<p>Housing moratorium on employment land. Manufacturing industry is very important to the future prosperity of the Borough, not only in terms of the direct jobs it provides, but indirectly through the consumer expenditure it supports. It is therefore vital that a good supply of land for industry is maintained. The Council also has to demonstrate a supply of brownfield land for housing for the next 15 years. Housing development has been occurring overwhelmingly on brownfield land recently, helping the Council meet its Government-imposed targets and avoiding large housing developments on greenfield and greenbelt land. But there are increasing signs that the advance of housing development on industrial land is having an adverse effect on efforts to relocate industrial firms that need to</p>	Cabinet Council	Sandy Urquhart 652477	Internal	Councillor Andrew	17 September 2008 3 November 2008

29	<p>expand or rationalise in the Borough. If this continues it could result in viable firms vacating the Borough and jobs being lost at a time when they are desperately needed, and in the longer term, Walsall not having enough suitable land to benefit from increased inward investment. Recent technical work relating to the employment land supply, to inform the Black Country Joint Core Strategy, advocates a cautious approach to the management of the employment land supply. Consequently there is a need to ensure that the needs of housing and employment land are managed carefully and in a balanced way, while the Local Development Framework, which will replace the Unitary Development Plan (UDP), is being prepared.</p>	Cabinet	John Kirwan 652033	Internal	Councillor Andrew	17 September 2008
56/08 (6.6.08)	<p>Sale of former Kings Hill JMI off Old Park Road/Johnson Street, Wednesbury. The former school was vacated in 1991 and demolished in 1992 following a fire. The land is surplus to requirements and it is proposed to advertise this potential residential development site for sale by informal tender. Cabinet to be requested to approve the sale to the highest bidder provided that the figure can be certified as best consideration in accordance with Section 123 of the Local Government Act, 1972</p>					

54/08 (6.6.08)	Housing Strategy 2008-11. Endorsement of the Council's Housing Strategy 2008-11 which details the Council's priorities to increase housing choice and opportunity, improve the standard and sustainability of existing and future homes and address diverse needs and promote independent living.	Cabinet Council	Neil Hollyhead 655411	Key stakeholders	Councillor McCracken	17 September 2008 3 November 2008
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FORWARD PLAN OF KEY DECISIONS FROM NOVEMBER 2008

1	2	3	4	5	6	7
Reference No./ Date first entered in Plan	Key decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
9/08 (7.1.08)	The Regional Spatial Strategy (RSS) Phase 2. The RSS is now part of the development plan alongside the Council's UDP. It is reviewed in 3 phases. Phase 1 concerning the Black Country came into effect in January 2008. The Phase 2 preferred option has been published dealing with the economy, housing, centres, transport and waste. The consultation on the preferred option has been extended to December, in order to take account of further technical work that the Government is preparing. This work is intended to show that there is capacity for more housing in the West Midlands that the RSS is currently proposing. Cabinet to approve the Council's response to the RSS Phase 2 and the Government's technical work. Phase 3 is at the planning stage and will be reported on in due course.	Cabinet	Sandy Urquhart 652477	N/A	Councillor Andrew	19 November 2008

15/08 (10.12.07)	<p>Sustainable travel to school strategy. The Sustainable travel to school strategy is being produced in response to both national and local initiatives. There is a general duty under for Local Authorities to promote sustainable modes of travel to school. The Education and Inspections Act 2006 places a further duty on Local Authorities to consider the travel needs of all pupils. There are 4 main requirements of the Education and Inspections Act: (1) An assessment of the travel and transport needs of children and young people within the authority's area. (2) An audit of the sustainable travel and transport infrastructure within the authority that may be used when travelling to and from, or between schools/institutions. (3) A strategy to develop the sustainable travel and transport infrastructure within the authority, so that the needs of children and young people are better catered for. (4) The promotion of sustainable travel and transport to, from and between schools and other institutions.</p>	Cabinet	Kathryn Parr 652511 Kate Mann 686361	Walsall Schools working party, Serco, road safety	Councillor Harris	19 November 2008
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BRIEFING NOTE

TO: Overview and Scrutiny Committee
DATE: 14 July 2008

RE: Boosting GP led primary care in Walsall

Purpose

To provide the OSC the opportunity to comment on the proposed services being procured by Walsall tPCT as part of the national programme of increasing access to GP services under the Equality of Access to Primary Medical Care scheme

Background

The NHS Next Stage Review Interim Report (October 2007) carried out by Lord Darzi (the Report), reported that, despite sustained investment and improvement in the NHS over the past ten years, access to primary medical care services and the quality of those services, continues to vary significantly across the country. Many of the poorest communities experience the worst health outcomes and major inequalities exist within England in life expectancy, infant mortality and cancer mortality. Further, the gap in life expectancy between the most deprived and least deprived areas has widened, despite improvements in life expectancy in the most deprived areas.

Equitable Access to Primary Medical Care (EAPMC) will play a significant role in achieving more personalised care set out by Lord Darzi. It is essential that there is recognition that the EAPMC programme will address specific issues highlighted in the Report. The focus of the EAPMC programme will be on achieving the visions of a fair and personalised NHS (whilst upholding the values of safe and effective primary care services). Ministers have announced that the Government will be providing new investment of £250m to support PCTs in establishing:

Walsall tPCT has received funding to procure 3 new GP practices and 1 GP led health centre and has detailed the proposed services in the consultation document attached.

Recommendations (if required)

The OSC is asked to note the services being proposed under the EAPMC programme.

The OSC is asked to comment on the services proposed by Walsall tPCT.

Author

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Boosting Doctor-led Primary Care in Walsall

Public Consultation document

What to do with this document

We have published this consultation paper so that you can give us your views on it. The consultation is running from 2 May to 18 July 2008. Any views you pass back to us during this period will have an influence on the final decisions we make.

The easiest way to let us know what you think is to simply write it on the document and send the whole thing back to us.

Just fold the back cover over so that the FREEPOST address is showing, fold it into three, and sellotape down the ends. You can then pop in the post, and no stamp is necessary.

You can email consultations@abetteridea.info with your views.

You can ring one of our Patient Advice and Liaison (PALS) representatives 01922 618 358 and we will write down what you tell us over the phone.

You can post comments on our website www.abetteridea.info.

You can also send us a letter free of charge, by writing FREEPOST RRLU-CSTS-ERUZ above the address:

Walsall NHS
Jubilee House
Bloxwich Lane
Walsall WS2 7JL

If you are writing your comments on this document and posting it back to us, you can put your contact details here.

You can also leave it anonymous if you prefer

Name

Address

Postcode

Email

☐ I am responding for myself

☐ I am responding on behalf of a group or organisation
Name of group:

Do you want this in another format or language, or do you want someone to go through it with you?

Ring us on 01922 618 358

We will do our best to get it into a format or language useful to you as quickly as possible.

Of course, this is free of charge.

Boosting Doctor-led Primary Care in Walsall

1 About this consultation

This is a formal public consultation by Walsall Teaching Primary Care Trust under Section 11 of the Health and Social Care Act 2001 and subsequent legislation. It is primarily aimed at residents of the borough of Walsall, but any person or organisation with an interest is welcome to respond. All responses received will contribute to the final decision, which will be made by the Board of Walsall Teaching Primary Care Trust. You can comment on any part of the document, and we would especially value your comments on the three proposals, in section 2.1, 2.2 and 2.3.

2 Boosting Primary Care in Walsall

Walsall at the moment has fewer GPs (family doctors) per person than 3/4 of the country. We have now been given new money by the government to appoint sixteen new GPs for the borough — and to improve on the unscheduled services currently offered by our Walk-in centre. This will mean we can create four new GP surgeries, to eventually have four GPs per surgery, one of which will be a GP-led 'Health Centre'. The Health Centre would be the successor to the Walk-in Centre, providing services to both registered and unregistered patients along with a range of diagnostic and specialist services.

We've looked carefully at where GPs currently are, and which areas are the most 'under-doctored'. We also looked at health needs, such as concentrations of conditions such as diabetes and heart disease. Our conclusion is that the best places to put the new practices would be in Blakenall (North Walsall), Willenhall (West Walsall) and Walsall Town Centre. Blakenall Village would be the right place for the Blakenall practice. In the Town Centre we would be able to start with the existing Walk-in Centre Building and other NHS premises -- though we would look for better places for both a GP surgery and the GP-led Health Centre. In Willenhall, we would start in the Croft Street building, though, in the longer term we may look for other premises close to Croft Street.

Our proposals are as follows:

2.1 To create three new General Practice surgeries and a GP-led Health Centre, all in the borough of Walsall, which will mean 16 new GPs when the plans are fully complete, catering for an estimated 6,000 patients per practice. The Health Centre will care for patients registered elsewhere but who need 'call-in' services. Patients will also be able to register there if they wish.

2.2 To site one GP surgery in Blakenall, one practice in Willenhall, and one in the Town Centre, with opening hours 8 am to 6.30pm on three weekdays, 8 to 8 on two week days and Saturday morning opening 8 to 12pm.

2.3 To replace the existing Walk-in Centre with a GP-led health centre, open from 8 am to 8 pm seven days a week, available to both registered and unregistered patients with access to a range of diagnostic and specialist services. There would be an unavoidable gap in service between the closure of the Walk-in Centre and the opening of the new Health Centre.

3 Why is this important?

3.1 At the moment, Walsall is in the 25% of 'most-under-doctored' areas. In other words, GPs have to look after more patients than elsewhere in the country. Bringing in more GPs to the parts of Walsall with the fewest GPs for their population means we can offer more equal access to healthcare — which is one of our core values as Walsall Teaching Primary Care Trust.

3.2 Because of the way that work patterns have changed, many people are now looking for appointments outside normal GP working hours. These new practices will provide this.

3.3 There are some particular health issues which we want to tackle in Walsall. These include obesity, heart disease, diabetes and sexual health. All three GP practices and the Health Centre would provide enhanced services in these areas.

4 What are the timescales?

4.1 We intend to award the contract to the doctors or organisations that will provide these services by December 2008, and open the new centres in April 2009. The gap in service between the closure of the Walk-in Centre and the opening of the Health Centre could be as long as from July 2008 to April 2009.

5 How much will this cost?

5.1 We expect to spend £1.3 million per surgery each year, and £1 million for the Health Centre, which means that we will be spending £4.9 million of new money annually. This excludes initial costs.

6 Various questions:

6.1 Will all the GPs start at the same time?

No — we may start some practices off with fewer GPs subject to accommodation and the speed at which patients register with the new practices. We will have all 16 GPs in place as soon as possible, though.

6.2 Why aren't the sixteen GPs being spread across the borough?

All the national evidence suggests that four GPs is the ideal practice size. It's only by having four GPs that we will be able to offer the extended opening times and the broad range of primary care medical services that so many people want. For this reason, we have chosen to place the practices in the most under-doctored areas and where health needs are the greatest.

6.3 Will there be any other services provided?

We hope to introduce 'street-doctoring' in the centre of Walsall, where doctors and nurses go out and meet people on the street. This is an exciting opportunity which has been proven to work elsewhere.

We also hope to provide ward rounds in nursing homes — this will help people not to become ill, and will also reduce pressure on Accident and Emergency at the Manor Hospital.

6.4 What will happen to the Dental Access Centre, currently at the Walk-in Centre?

We intend to move this to the Manor Hospital Site, to provide better facilities.

Questions you may wish to consider

In responding to this consultation, you may wish to consider the following questions

Section 2: are Blakenall, Willenhall and the Town Centre the right places to put the GP surgeries?

Where in the town centre would be the ideal place to put a surgery, if we could put it anywhere?

Does a GP-led health centre, where people can walk in unregistered, like the existing Walk-in Centre, sound like a useful improvement?

Section 3: do you think these proposals will help with people who currently struggle to see their GP?

Business Reply
Licence Number
RRLU-CSTS-ERUZ



NHS Walsall
Jubilee House
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WALSALL
WS2 7JL

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Walsall 
Teaching Primary Care Trust

**HEALTH, SOCIAL CARE AND INCLUSION
SCRUTINY AND PERFORMANCE PANEL**

**Agenda
Item No. 08**

DATE: 14 July 2008

**PROGRESS REPORT OF THE DUDLEY AND WALSALL
MENTALHEALTH PARTNERSHIP**

Ward(s) All

Portfolios: Councillor Mrs B McCracken – Health, Social Care and Inclusion

Summary of report:

Further to the scrutiny report of 31 January 2008, this report summarises progress toward the implementation of the Dudley and Walsall Mental Health Partnership NHS Trust. Subject to Ministerial approval, it is anticipated that the establishment date of the new Trust will be 1 October 2008.

Background papers:

1. Dudley and Walsall Mental Health Partnership Trust Communication/ Consultation Strategy
2. "A Better Idea" Public Consultation document
3. Walsall and Dudley Mental Health Partnership Business Case (July 2007)
4. Health Scrutiny Panel Paper 31 January 2008

Reason for scrutiny:

To advise Health Scrutiny Panel on the progress and process of establishing a new Partnership Trust for mental health services in Walsall.

That Health Scrutiny Panel endorse the decision made by the Joint Scrutiny Panel (Walsall Metropolitan Borough Council and Dudley Metropolitan Borough Council) to support the proposed establishment of the new Mental Health Partnership Trust.



Signed:

Executive Director: Dave Martin

Date: 1 July 2008

Resource and legal considerations:

Joint Commissioning arrangement with Walsall tPCT will continue under a revised Section 75 agreement. The local authority budgets will not be pooled under this agreement, but will be managed together with grant funding awarded to the authority as accountable body, e.g. area based grant or capital funding, by the delegated officers of the council (Joint Commissioner and Walsall Joint Director). In this way close financial monitoring will continue to manage and control spending. Efficiencies gained for this model have already been taken into account when setting the 2008/09 and future years budgets.

Mental Health provider functions of the Local Authority will be delegated to the new Trust as part of a Section 75 Agreement and a formal contract will be negotiated to ensure the performance requirements of the council are met.

At this stage it is proposed that MBC staff currently working in mental health will remain employees of the local authority, seconded to the proposed new Trust until such time as TUPE arrangements become preferable.

Citizen impact:

The commissioning arrangements will be robust to ensure the needs of the local community continue to be met. The council's strategy and commissioning plans will underpin these.

Environmental impact:

No significant change.

Performance management:

The proposed new Trust will report directly into the council's performance management framework.

Equality Implications:

The proposals support the equality and diversity commitment of the local authority.

Consultation:

The formal consultation period ran from 26th September – 19th December 2007. Walsall and Dudley formed a joint Health and Social Care scrutiny panel to consider these proposals, which confirmed its support for the partnership.

Contact Officer:

Margaret Willcox
Tel. 01922 658219
willcoxmargaret@walsall.gov.uk

1. Overview

Mental Health services in Walsall are currently managed jointly with the teaching Primary Care Trust (PCT). The proposed Dudley and Walsall Mental Health NHS Trust (subject to Ministerial approval) will bring together mental health services from across both boroughs into a single NHS mental health provider organisation. It is intended that the new Trust will work to achieve 'Foundation Trust' status as soon as possible following establishment, in line with Department of Health policy for NHS provider services.

Historically, an unusually high proportion of mental health services in the West Midlands have been directly provided by Primary Care Trusts (PCTs). Consequently, in 2002, the Department of Health commissioned a review of mental health services in the West Midlands with a view to understanding key issues and risks arising from the configuration of mental health services.

Within the Black Country area, there was a great deal of support for the development of a clinical network for mental health. Whilst the network arrangement achieved some success in sharing information, developing protocols and facilitating peer support, it was felt that its impact on service development was relatively minor.

Therefore, in view of the limitations of the network and emerging Government policy, an option appraisal for the configuration of mental health services in the Black Country was undertaken in 2005. This was supported by the former Birmingham and Black Country Strategic Health Authority and involved senior officers from the Black Country PCTs, Local Authorities and Sandwell Mental Health Care Trust.

The Health Services Management Centre prepared a report 'Looking Ahead – potential future configurations for mental health services in Wolverhampton, Dudley, Sandwell and Walsall' which outlined two emerging options:

1. Create a Mental Health Partnership Trust involving two or more boroughs with the potential to lead to Foundation Trust (FT) status.
2. A multi-service Care Trust arrangement for one borough.

By definition, these options are not mutually exclusive and could be pursued together. The options were assessed against a set of agreed criteria. There was no national 'blueprint' for the size and configuration of mental health services and consequently, the local circumstances within each borough became key in determining the resulting configuration of services. As a result, it was decided that Wolverhampton would pursue option 2 (multi-service Care Trust) and that Sandwell, Dudley and Walsall would pursue option 1 (single Mental Health NHS Partnership Trust).

Formal project arrangements to implement the Sandwell/Dudley/Walsall partnership were established in early 2006. A pre-consultation exercise done in 2006 indicated general support for the proposal. However, prior to formal consultation, Sandwell Mental Health Care Trust decided that they did not wish to continue to be part of the proposed arrangements and subsequently withdrew from the partnership to pursue their application for Foundation Status. This action does not prevent further exploration of a broader partnership in the future and we are still hopeful that the possibility of a Black Country Wide Mental Health Service may be an option at some time.

Dudley and Walsall PCTs agreed that they remained committed to a partnership and in line with the original option appraisal, confirmed their intentions to pursue a two-borough partnership. The supporting project arrangements were revised in early 2007 to reflect these changes and informal pre-consultation work with stakeholders continued. In light of the recent Department of Health guidance on NHS reconfiguration, a business case supporting the proposal was developed and subsequently approved by NHS West Midlands in September 2007.

The formal consultation period ran from 26 September – 19 December 2007. At their meetings on 10 January 2008, the PCT Trust Boards considered the responses to the consultation, in particular the view of the Joint Health and Social Care Scrutiny Panel (Walsall and Dudley Local Authorities), and agreed to request that the Strategic Health Authority (SHA) make a recommendation to the Secretary of State to set up the new Trust. The SHA approved this course of action at its meeting on 22 January 2008 and a submission was subsequently made to the Department of Health on 7 February 2008. This was included in the report to Cabinet on 6 February 2008.

Once SHA approval of the direction of travel was confirmed, the project to develop the partnership moved into 'Implementation' phase. An interim Chief Executive was appointed and project arrangements were revised in order to ensure that the new Trust is set up robustly and appropriately in readiness for 'go live'.

2. Key Drivers for Change

The Business Case which was developed in spring 2007 identified the following factors as being key drivers for the proposed changes:

- Mental Health services are too important to evolve by default and should be developed by design.
- The next phase of mental health service reform is complex and requires single-focus leadership.
- PCTs more than ever are required to focus on expert commissioning of services to meet assessed health needs rather than provide services directly.
- The scale of any Mental Health organisation needs to be sufficiently large to deliver Choice and Value for Money, be innovative and have the authority to engage directly with other major stakeholders.
- Although Mental Health Trusts can successfully provide services across boroughs, they need to remain local enough to engage with community-based stakeholders.
- Local Mental Health leaders need to have a firm belief in the benefits of a joint service in order to carry through the reconfiguration process successfully.
- Proposals for reconfiguration should be congruent with the policy and trajectory of NHS provider Trusts.

In 2006, NHS West Midlands commissioned the Health Services Management Centre of the University of Birmingham to undertake a review of PCT provider service development and configuration ('Options for PCT provider services: an evidence-based policy analysis for NHS West Midlands'). Although focussed primarily at community and primary care services, the review concluded that there are a number of criteria against which alternative models of PCT provision should be assessed.

The development of an NHS Trust providing services for Walsall and Dudley and working in partnership with the respective Local Authorities is the favoured option in considering these criteria, as follows:

HSMC Criterion	Dudley / Walsall NHS Provider
Acceptability	<ul style="list-style-type: none"> ▪ Minimises impact of change to the local system configuration. ▪ Acceptable to service users and carers, staff and local community representatives. ▪ Minimises changes to employment and contractual arrangements.
Demonstrates robust governance	<ul style="list-style-type: none"> ▪ Enables clear separation of commissioning and provider functions. ▪ Specialist focus on mental health issues enables development of more robust governance, safety and risk management infrastructure.
Supports collaboration and engagement	<ul style="list-style-type: none"> ▪ Facilitates new and existing clinical networks. ▪ Enables development of robust clinical leadership infrastructure. ▪ Facilitates more direct engagement with non statutory organisations in support of the recovery model for mental health.
Promotes innovation	<ul style="list-style-type: none"> ▪ Supports the development of new direction for mental health services. ▪ Enables an enhanced focus on service development and innovation. ▪ Facilitates extension of existing innovative service models. ▪ Enables the development of positive and appropriate relationships with commissioners.
Patient-focussed	<ul style="list-style-type: none"> ▪ Promotes choice and access to a range of therapeutic alternatives in primary care. ▪ Supports service integration. ▪ Minimises the impact on care pathways. ▪ Enables the maintenance and further development of opportunities for integration with local communities.
Improves clinical quality	<ul style="list-style-type: none"> ▪ Supports the development of robust clinical governance systems and processes. ▪ Enables the dissemination of best practice and learning.
Promotes public health	<ul style="list-style-type: none"> ▪ Promotes equity in service provision across and between health economies, based on assessed need. ▪ Supports local initiatives and community developments. ▪ Provides a distinct focus for mental health promotion and engagement with agencies needed to support recovery.
Demonstrates	<ul style="list-style-type: none"> ▪ Supports economies of scale which could not be achieved by

economic viability	<p>two separate services.</p> <ul style="list-style-type: none"> ▪ Facilitates the exploration of potential efficiencies within the services and better use of resources.
Promotes capacity	<ul style="list-style-type: none"> ▪ Enables greater flexibility in workforce utilisation and planning. ▪ Enhances ability to recruit and retain high quality staff.

The health economies of Dudley and Walsall also considered carefully the implications of not progressing with this proposal and felt that this would result in a high degree of risk for services. The timing of the proposed changes is right for both health economies and any further delay in confirming configuration arrangements would impact significantly on our respective abilities to deliver high quality, safe services.

Notwithstanding these observations the option for Walsall Council to withhold from entering a formal arrangement with the proposed Dudley and Walsall partners remains, and if this is the view of Cabinet alternative partnership arrangements could be put in place.

3. Profile of the New Organisation

3.1 Services

The new Mental Health Trust for Dudley and Walsall will provide for a population of approximately 558,000 people and employ about 1200 staff. The services to be included in the new Trust are:

- All community and inpatient mental health services for adults of working age and Older People.
- All existing health-provided Child and Adolescent Mental Health Services (CAMHS).
- Substance Misuse Services.
- The medical component of Learning Disability services.
- All elements of Psychology services, apart from those provided to people with physical health problems or a Learning Disability.
- Mental Health social care services which will be managed on behalf of the Local Authorities via partnership agreements.

3.2 Resources

A great deal of work has been undertaken regarding the finances of the new organisation. The direct budgets which will be transferring to the new Trust have been identified. The costs of the new organisation have also been estimated and in order to facilitate this, a draft corporate management structure has been developed as a basis for costing estimations (draft Board-level structure shown as attachment 1). In a parallel stream of work, the Finance Directors from each PCT have proposed an allocation for the release of 'corporate overhead' into the new organisation. We are currently in ongoing negotiations with the PCTs regarding these allocations.

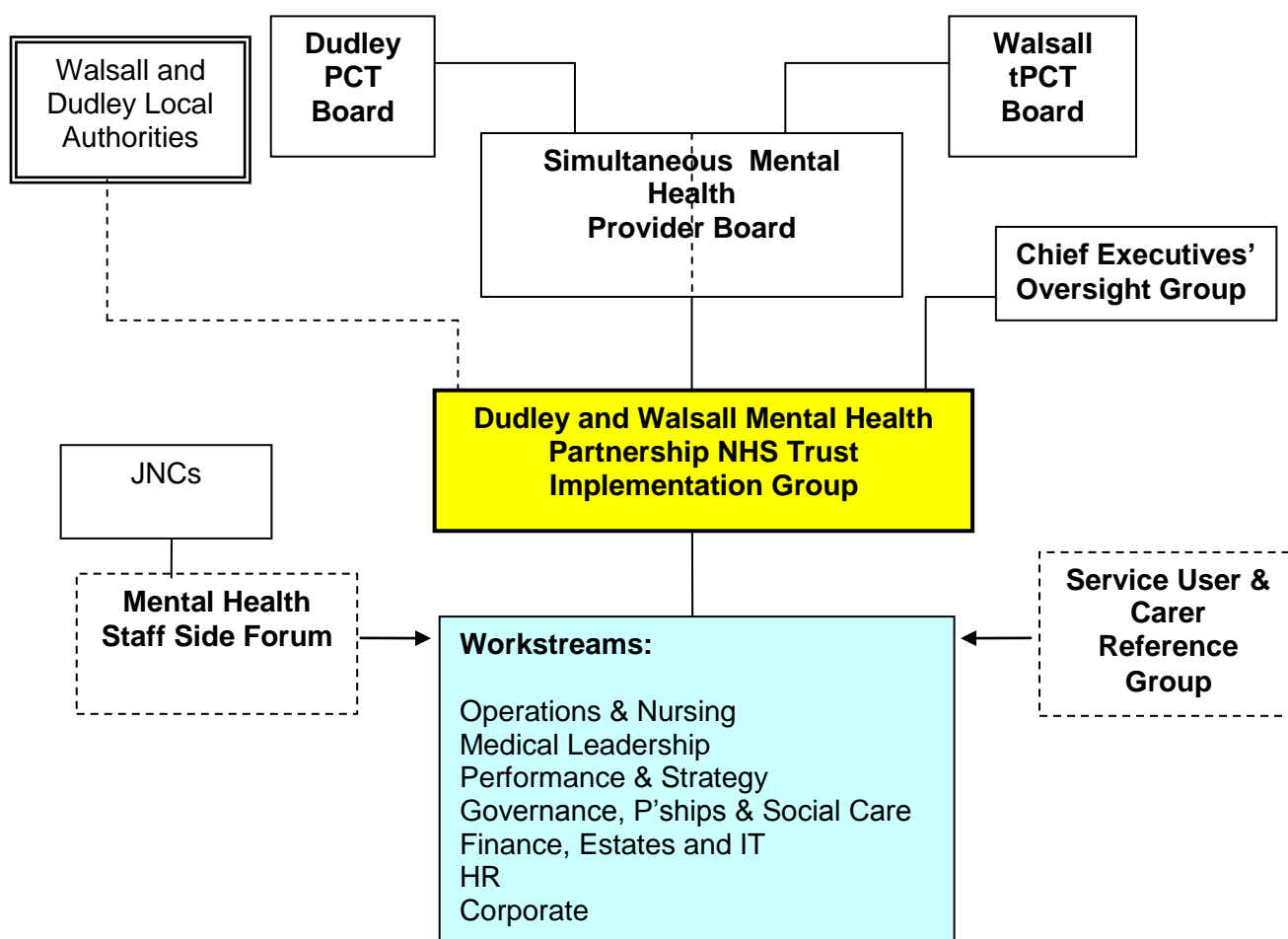
Both PCTs have stated their commitment to resourcing sufficiently the establishment of the new Trust, but this is not the case in respect of committed funding from the local authority. The proposal is to maintain the current level of investment and at this stage, it is not proposed that any corporate overhead resource be removed from either Local

Authority and that 'corporate support' to Local Authority staff should continue to be provided by the respective Councils.

The operating budget for the Partnership is will be approximately £60 million (subject to ongoing discussions about transfer and contractual arrangements). The significant majority of income for the new Trust will be from the host commissioners in Dudley and Walsall.

3.3 Progress in Implementation – Interim Governance Arrangements

The overall infrastructure for the governance and development of the Partnership Trust is shown diagrammatically below. A Joint Senior Management Team has been established for the Partnership which underpins this infrastructure.



The PCT Boards remain legally accountable for mental health services until such time that the new Trust is formally established.

The (Simultaneous) Mental Health Provider Board is a delegated sub-committee of each Trust Board and is responsible for the strategic-level decision-making and governance functions relating to mental health services in each borough. The Mental Health Provider Boards (one in each PCT) have been meeting together since April 2008 but retain separate accountability to each respective PCT Board.

The Dudley and Walsall Mental Health Partnership NHS Trust Implementation Group ('the Implementation Group') is responsible for the delivery of the project. It is chaired by the Interim Chief Executive, supported by the Project Director and consists of the leads of all of the Workstream Groups (plus LA representation and the PCT Chief Executives). The relevant Staff Side leads are invited to attend. The group receives reports from and monitor the performance of the Workstream Groups.

The Workstream Groups are responsible for the delivery of all objectives agreed with the Implementation Group. The groups mirror the proposed board-level posts and portfolios outlined in the draft organisational structure for the new Trust.

The Mental Health Partnership Staff-side Forum consists of the Mental Health staff-side representatives from both PCTs, representatives from Social Care and Management Support. It is chaired by the Interim Chief Executive. The Forum has a key role in policy prioritisation and development, representing staff perspectives, advising the Implementation Group on staff relations issues and in developing the Recognition Agreement for the new Trust.

The Service User and Carer Reference Group consists of user and carer representatives from both localities, former PPI Forum representatives and key mental health staff. It is chaired by the Project Director. The group has a key role in advising the Implementation Group of service user and carer perspectives, prioritising the development of user and carer-related policies and advising the Group on an appropriate infrastructure for user and carer involvement within the new Trust.

4. Progress in Implementation – Appointments

A key development within the implementation of the new partnership has been the appointment of an 'in principle' **Chair designate**. The immediate priority for the Chair Designate has been the appointment of Non-Executive Directors for the new Trust (appointments expected to be ratified by the NHS Appointments Commission imminently). The Chair designate chairs the simultaneous meetings of the Mental Health Provider Boards, on behalf of PCT colleagues.

The appointment of a designate **Chief Executive**, to be followed closely by the appointment of a Finance Director and Director of HR, are critical steps in enabling us to prepare for 'go-live' for the new Trust. These key posts have been advertised in readiness for 'go live'. Their leadership, in partnership with the Chair and Non-Executive Directors, will be key in setting up the Dudley and Walsall Mental Health Partnership NHS Trust and preparing the organisation for Foundation Trust status. The selection process for the post of Chief Executive (designate) will take place on 11th July 2008. Both Walsall and Dudley Local Authorities will be represented at a senior level as part of this process.

Attachment 1 – Draft Board level structure

