

.A T A M E E T I N G

- of the -

HEALTH SCRUTINY PANEL held at
the Council House, Walsall on
21 September 2006 at 6.00 p.m.

PRESENT

Councillor Woodruff
Councillor D Pitt
Councillor Micklewright
Councillor Robertson
Jim Weston Patient Forum
D Russell PALS (NHS)
Catherine Boneham PALS (PCT) Advocacy Service
 representative

OFFICERS PRESENT

Kathy McAteer (Acting Executive Director Social Care
 & Supported Housing)
Stella Forsdike (Executive Director of commissioning
 and performance, Walsall tPCT)
Margaret Willcox (Joint Executive Director for Mental
 Health Walsall tPCT)
Nikki Ehlen Scrutiny Officer
Simon Evans Performance and Scrutiny Officer

17/06 APOLOGIES

Apologies were received from Dr Ramaiah, and Mrs D. Russell.

18/06 SUBSTITUTIONS

There were no substitutions for the duration of the meeting.

19/06 DECLERATIONS OF INTEREST AND PARTY WHIP

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

20/06 MINUTES OF THE PREVIOUS MEETING

That the minutes of the meeting held on 3 August 2006, copies having been previously circulated to each member of the panel be approved and signed by the Chair as a correct record.

Councillor Woodruff stated that following on from the discussions at the last panel meeting, the Private Finance Initiative (PFI) at the Manor Hospital was going ahead, and she felt this was a positive result.

21/06 UPDATE ON ACCESS TO MENTAL HEALTH SERVICES

Councillor Woodruff reminded panel members that Margaret Willcox (Joint Director for Mental Health Walsall tPCT) had been asked to give an update to the panel on the access to mental health services.

Margaret Willcox spoke to the report.

Margaret Willcox explained that she had provided a copy of the estates strategy because there was criticism of the buildings that were in use in the original access document.

Margaret Willcox highlighted the mental health section of the estates plan and discussed the re-provision of adult rehabilitation services in the community.

Margaret Willcox added that the introduction of section 136 meant that the police would interview people with mental health within a hospital setting, Margaret added that it was anticipated that a section 136 suite would be developed at Dorothy Pattison Hospital; however this would not happen for at least 12 months.

Members discussed the work that was planned to take place.

Margaret Willcox clarified that the letters in appendix 1 indicated that the overall score was A being good and D being the worst.

Councillor Micklewright informed the panel that she was not able to discuss planning issues because she was a member of Development Control committee.

Councillor Woodruff acknowledged that work will need to be done to comply with the disability discrimination act.

Margaret Willcox explained that most of the buildings had a disabled toilet but that fire exits would need to be incorporated. Margaret added that all the work was scheduled in, and it may be possible to bring forward work taking place in Bloxwich.

Councillor Robertson stated that he was interested to discover that Blakenhall was under utilised and asked what was being done with the space.

Stella Forsdike (Executive Director of commissioning and performance, Walsall tPCT trust) informed the panel that the NHS was working with partners to give services to people based in the community, through developing new types of clinics and a whole range of services and offered to provide further details to panel members.

Councillor Robertson explained that he was working to get a bus service which dropped passengers off at Harden doctor's surgery. He added that he felt it was vital that centres should have transportation for its patients.

Margaret Willcox explained that the tPCT hoped to split the location for alcohol related services and forensic services to allow the client group to be divided. Margaret explained that this was to prevent any potential conflict between the two groups.

Margaret Willcox explained that single sex wards had been introduced in wards at Dorothy Pattison Hospital. Margaret added that the effects of this had been mixed and some patients seemed to suffer socially. However it was noted that the single sex wards were as a result of national guidance, which represented an important target for the NHS. It was explained that it was hoped that a mixed social area would be provided for intensive care patients.

Margaret Willcox informed the panel that the work planned at the Dorothy Pattison Hospital included redecoration of wards and the stripping of smoking rooms (in line with new legislation).

Councillor Robertson raised a point concerning how patient's money was handled; he expressed concern that this process was not as robust as it possibly could be.

Margaret Willcox explained that a tight and auditable system was in place to ensure patients' money was handled appropriately and that generally money was not taken from patients unless it was considered to be a risk to leave the money in the care of patient. Margaret added that patients were not encouraged to take money into the hospital, but where this was necessary the finance department ran a banking system.

Kathy McAteer stated that she was aware of some concerns that had been identified in relation to this matter within social care services. She added that this was due to inconsistencies in procedures, and that work had been undertaken to develop corporate systems for all managers to take on board.

Councillor Pitt asked what the situation was on the mental health strategic commissioning with Dudley and Sandwell.

Councillor Woodruff stated that Kathy McAteer would update the panel at a later stage of the meeting.

22/06 PSYCHOLOGY ACTION PLAN

Margaret Willcox informed the panel that the psychology waiting list was 2 years; as a result of this, the way that psychology was handled was to be changed. Margaret explained that currently referrals can be made through several people, and it was planned to address this by moving away from open access to psychology. Margaret added that currently people were only assessed once they were on a waiting list, and although priority cases were placed higher on the waiting list, it was not know what the patients needs were.

Margaret Willcox stated that in future people were to be assessed before they were put on the waiting list and the aim was to have a manageable list of referrals. Margaret stated that work was to be done with voluntary sector organisations. The ambition was to transfer knowledge to older peoples and children's services.

It was explained to the panel that the psychology action plan sat in the day services review, and that one of the issues was that people do not know where to send people with mental health needs.

Councillor Woodruff asked officers if any benchmarking was taking place. Margaret Willcox explained that authorities were having a discussion about how to move forward but there were differences which meant that it was not always possible to benchmark.

Councillor Woodruff asked whether people who had been on the waiting list for two years were expected to drop out of the system.

Margaret Willcox explained that there was no evidence that this had happened. Councillor Woodruff requested feedback on the psychology action plan in 6 months to allow the panel to monitor progress.

Margaret Willcox stated that the psychologists had been very helpful in the process to improving the situation.

Councillor Robertson asked if any problems had been experienced when dealing with people with unusual problems.

Margaret Willcox informed the panel that highly qualified psychologists with a variety of skills were employed in the service and could deal with a variety of problems; Stella Forsdike added that where this was not suitable it was possible to buy services in from outside of the borough.

Councillor Woodruff asked how Black and Minority Ethnic (BME) groups were catered for; Margaret Willcox explained that huge progress had been made in this area and the Strategic Health Authority (SHA) had Focussed Implementation Sites and worked with local communities. The following actions had been approved; -

- A strategy for improved services
- David 'Rocky' Bennett Action Plan

Officers informed the panel that an exercise was taking place to shape community worker posts and had been recruited.

Councillor Woodruff congratulated officers on an excellent report and thanked Margaret Willcox.

Councillor Woodruff suggested that the panel held the next panel meeting at Dorothy Pattison Hospital or Jubilee House to allow the information to be put into context.

RESOLVED

That

- the panel receives an update on the psychology action plan in 6 months.
- if possible the next panel meeting is held at Dorothy Pattison Hospital or Jubilee House

23/06 UPDATE ON PALLIATIVE CARE STRATEGY FOR WALSALL

The panel discussed the background to the Goscote site. The panel were reminded that the Teaching Primary Care Trust had consulted on the model of palliative care services for Walsall. The process had generated a great support for local plans This had been approved by the board in November 2005.

The panel were informed that the palliative care centre would not be merely a hospice but a base in the community from where all specialist palliative care would be delivered. This would be an important hub for Walsall.

Stella Forsdike informed the panel that the board had agreed to house 12 beds on the Goscote site, of which 9 would initially be commissioned by the PCT.

Stella Forsdike explained that the tPCT were going to work with their LIFTCo, its building partners, who would commission architects, and apply for planning permission. Stella added that the site ownership would transfer from the Manor Hospital to PCT.

Stella Forsdike highlighted that there have been concerns that the Waldoc facility may need to close but she could confirm that it was able to remain on site for at least two years. Stella stated that integrated working in the same building was positive.

Stella Forsdike explained that the gold standard framework, being introduced across Walsall, allowed national benchmarking. Stella also informed the panel that their resources were available to enable all GPs to receive training in this.

Councillor Woodruff stated that she was interested in receiving a list of all activities that were taking place on the site. Stella Forsdike informed the panel that the specification for the site would be sent to Nikki Ehlen for distribution to the panel members. Stella stated that the message was that development was now a reality. Subject to satisfactory site inspection, planning permission would be sought in the early part of 2007.

Members and officers discussed the plans for palliative care, and the number of beds that would be required.

Councillor Robertson expressed the opinion that the voluntary sector was extremely important and all services that were provided should involve the voluntary sector. Councillor Robertson asked if a palliative care document was being produced by the government next year.

Stella Forsdike explained that a number of policy documents had been produced in recent years, and a further report was expected next year.

Councillor Robertson stated that he hoped that funding would accompany the policy document.

Councillor D Pitt asked about the dementia care capacity.

Kathy McAteer stated that the dementia care facility would be 40 beds and 20 – 25 day care places.

Councillor Woodruff requested that the panel received an update at the panel in March 2007.

Councillor Micklewright asked officers if there were any facilities to care for children, officers explained that no additional beds were required for children, as palliative care for children was centred around the child's home. The Walsall centre was for adults only.

Members thanked Stella Forsdike for the information provided to the panel.

RESOLVED

That the operation plans for the Goscote site are circulated to panel members.

24/06 UPDATE ON BLACK COUNTRY MENTAL HEALTH RECONFIGURATION

Kathy McAteer reminded the panel that the reconfiguration of mental health services was centred on the provider rather than the commissioner and re-affirmed that the important issue was about having good commissioning services to meet local needs. Kathy stated that it was important that authorities across the Black Country work together. Also that it was important to make sure that local priorities fit into the bigger picture.

Kathy McAteer explained that the proposals for the Black Country Mental Health Re-configuration (BCMH) were still being discussed because there was a legal problem around the foundation trust status, which was complicated because Sandwell had different arrangements to Walsall and Dudley. Kathy explained that the planned scrutiny officer meeting would be postponed until there was further clarity about arrangements and she stated the panel would be kept informed.

RESOLVED

That the panel is updated on the progress of the Black Country Mental Health reconfiguration as and when required

25/06 ESTABLISHMENT OF WORKING GROUP

The Panel then agreed to reconstitute the obesity working group. Membership of the group was agreed as:

Councillor Woodruff
Councillor Robertson.

Councillor Woodruff discussed the work programme and reminded members that the panel were still scheduled to consider falls prevention, and long-term conditions.

26/06 OFFICER ARRANGEMENTS IN SOCIAL CARE AND SUPPORTED HOUSING

Kathy McAteer informed the panel that following Dave Martin's appointment as interim Chief Executive and her appointment as Acting Executive Director for Social

Care & Supported Housing, Karen Riley had been appointed to be the Interim Head of Adults services, and would be attending this panel. Kathy also stated that Dave Martin would be attending the panel on 2 November to ensure consistency was achieved whilst Kathy was on leave.

TERMINATION OF MEETING

There being no further business, the meeting terminated at 7.10 p.m.

Chairman

Date