

HEALTH SCRUTINY AND PERFORMANCE PANEL

Tuesday, 13 November, 2012 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor D. James (Vice-Chair)
Councillor M. Flower
Councillor G. Illmann-Walker
Councillor H. Sarohi
Councillor V. Woodruff

Officers Present

Paul Davies, Executive Director (Social Care & Inclusion)
Sonja Jenkinson - Lead Stroke Nurse, Walsall Healthcare Trust
Dr. Elliot Eputorn - Stroke Consultant, Walsall Healthcare Trust
Dr. Khalid Javed - Stroke Consultant, Walsall Healthcare Trust
Andy Rust, Head of Vulnerable Adults and Joint Commissioning Unit
Richard Kirby, Chief Executive (Walsall Healthcare NHS Trust)
Peter Davis, Head of Community Care (Social Care and Inclusion)
Wendy Godwin, Unscheduled and Planned Care Programme Manager
Mark Walsh, Network Director, Black Country Cardiovascular Network
Dr. Ken Fotherby, Clinical Lead, Black Country Cardiovascular Network
Salma Ali, Interim Senior Responsible Officer, Walsall Clinical Commissioning Group
Nikki Gough, Committee Business and Governance Manager

184/12 Apologies

Apologies were received for the duration of the meeting from Councillors V. Woodruff and E. Russell.

185/12 Substitutions

Councillor G. Illmann-Walker substituted for Councillor E. Russell.

186/12 Declarations of interest and party whip

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

187/12 Minutes

Resolved

That the minutes of the meeting held on 4 October, 2012, copies having previously been circulated be approved as a true and accurate record.

188/12 NHS Midlands and East review of stroke services

The Network Director, Black Country Cardiovascular Network, presented to the Panel (annexed) and explained that this review encompassed the full spectrum of conditions relating to a stroke; this included mini-strokes (TIAs). It was reported that the majority of people who have experienced TIAs should be seen by a Clinician within 24 hours. Members were informed that it was difficult for all providers in the Black Country to independently generate a workforce with specialist skills required to treat stroke patients. Members were informed that improvements had been made in mortality in strokes in areas that had reconfigured to have larger stroke units. It was hoped that a hyper-acute unit would provide a sustainable high quality service, with 24 hour care. In response to a question about the number of admissions to hyper-acute units, Officers stated that this was based around sustainability of the services and experience of staff in frontline services.

The Executive Director (Social Care and Inclusion) stated that the model used was based on the context of London, and asked if there were any different practices which wouldn't be applicable to Walsall. The Network Director explained that when this was modelled in London, there was additional resource, and this level of finance was no longer available.

The Chief Executive (Walsall Healthcare Trust (WHT)) explained that the hospital had worked to develop a strong stroke service which was improving. WHT and Wolverhampton Hospital were working together, but there had not been an agreement about where a potential hyper acute unit would be based.

Members agreed that whilst the decision may have impact at a regional level, their priority was to Walsall residents. The Network Director explained that what was best for patients was the basis of change, and the reconfiguration would be a better more responsive service, in which people went back to their local hospital for ongoing care. Work with West Midlands Ambulance Service was ongoing to ensure journey times to any potential new unit would not mean any benefit would be lost.

Members were informed that the Strategic Health Authority (SHA) had commissioned a provider to produce a modelling tool to calculate resources required. It was agreed that this model would be taken to a future meeting of the Panel.

The Lead Stroke Nurse informed Members that data relating to Walsall would be re-submitted to bring it in line with the level of data others were submitting. Clinicians stated that there was a well developed rehabilitation service at WHT, although there were always opportunities to improve.

Members explored the impact on Walsall of a hyper acute unit located in Wolverhampton. Clinicians stated that the sooner a stroke patient received treatment the better. Currently 24 hour thrombolysis could be provided in Walsall, but access to a consultant may not be available out of hours.

A discussion was held around Walsall residents who may live geographically closer to other hospitals and consideration was given to whether they would be better served by being taken to these closer hospitals rather than the Manor. The Interim Senior Responsible Officer stated that the CCG would be key agents in ensuring it acted in the best interests of Walsall people.

Members discussed the East/West divide and if it was possible to request a breakdown of information on the location of stroke patients as this may influence the best location for a service. Members acknowledged it would be important to have this information if the Panel may be consulted on the stroke services review in the future.

Resolved

That:

- (1) the modelling tool developed by Deloitte is taken to the next Health Scrutiny and Performance Panel;
 - (2) a breakdown detailing the location of stroke patients is taken to the next Health Scrutiny and Performance Panel;
- and;
- (3) detailed timescales of the review are taken to the next Health Scrutiny and Performance Panel.

The meeting adjourned at 7 p.m.

The meeting re-convened at 7.10 p.m.

189/12 Proposed merger of the Wharf Medical Practice with the Sai Medical Practice

The Chair stated that this report was for information only and asked for any comments from the Panel. Members were pleased with the decision but expressed a desire for an improvement in care provided. The Interim Senior Responsible Officer explained that further work was planned to improve the quality of outcomes, which meant there was still an opportunity to achieve improvements.

190/12 Learning disability forensic service pathway service redesign

Resolved

That the report be deferred until the next meeting.

191/12 Surge Plan

It was explained that the surge plan detailed how WHT would respond to activity over periods where demand was expected to rise, for example, during winter. Members were informed that Walsall had seen different demand patterns during the summer, with consistent demand and no dip as usual. The reasons for this were not fully understood but it had been experienced across the Black Country. Members acknowledged that GPs were critical in preventing unnecessary admissions to hospital and preventing a decline in health.

Officers from the hospital expressed concern that healthcare providers across the Black Country were all at maximum capacity and there was real pressure in the system. The biggest issue in Walsall was the high numbers of unwell people. This was a similar pattern across the Black Country.

The Interim Senior Responsible Officer stated that the CCGs would be looking at primary care provision and the CCG are looking in detail as to primary care access in relation to increased emergency attendances to see if there is a pattern in terms of patient behaviour. The Chair stated that in the future, the Committee would focus on the role of primary care.

Members expressed concern about what would happen if there is a further surge in activity over the winter months. Officers explained that action was already taking place to reduce admissions. This included posting a GP healthcare worker in Accident and Emergency. The Chief Executive (WHT) stated that there were opportunities to work with the Council to ensure Social Workers were available to discharge people over holiday periods. He added that the work the Council was doing with telecare, was critical to prevent people reaching crisis point. The Executive Director (Social Care and Inclusion) confirmed that the systems were changing to become more flexible.

Members requested an update at the December Panel meeting. In response to Member queries, the Chief Executive (WHT) stated that the number of Accident and Emergency consultants was being increased. Officers reassured Members that there would be a plan in place to deal with any surge in activity.

Resolved

That:

- (1) an update on the current situation at Walsall Healthcare Trust is taken to the next Health Scrutiny and Performance Panel;
- and;
- (2) information on activity to reduce the burden on Accident and Emergency is

taken to the next Health Scrutiny and Performance Panel.

192/12 Quarter 2 finance report

The report summarised the predicted revenue outturn position for 2012/13, based on the financial performance for Quarter 2 for services within the remit of the Panel. Officers confirmed that there were no significant differences in the report since the last Panel meeting. It was agreed that this would be the first item on the agenda in the future.

Resolved

That:

(1) the report be noted;

and;

(2) quarterly financial monitoring be considered as the first item on agendas.

193/12 Draft Revenue Budget 2013/14 for Social Care and Health portfolio

The report (annexed) summarised the predicted revenue outturn position for 2012/13 for services within the remit of the Health Scrutiny and Performance Panel.

Members were informed that since 2010, the Social Care and Inclusion budget had saved £23½ million. Efficiencies were saved by keeping people at home which reduces the cost of care.

In response to Member questions regarding deletion of posts, officers stated that jobs were being insourced to the Local Authority and the number of hours staff worked were being reduced rather than a reduction in posts. In order to make efficiencies, management layers were taken out to make it leaner. It was agreed that further information would be circulated on this to Members.

Members were informed that Walsall was considered to be highly performing undertaking a wide range of good practice.

Given that the budget setting process was ongoing, Members asked to be kept informed of the Social Care and Inclusion Portfolio budget.

Resolved

The Health Scrutiny and Performance Panel noted the detailed responses to questions relating to the budget and had no further comments at that time.

194/12 Date of next meeting

It was noted that the time and date of the next meeting was 6.00 p.m. on 18 December, 2012.

Termination of meeting

There being no further business, the meeting terminated at 9.00 p.m.

Signed:

Date: