

HEALTH SCRUTINY AND PERFORMANCE PANEL

Tuesday, 29 January, 2013 at 6.00 p.m.

The Independent Living Centre, 9 Wisemore, Walsall, WS2 8EZ

Panel Members Present

Councillor M. Longhi (Chair)
Councillor D. James (Vice-Chair)
Councillor M. Flower
Councillor E. Russell
Councillor H. Sarohi
Councillor V. Woodruff

Officers Present

Andy Rust, Head of Vulnerable Adults and Joint Commissioning Unit
Michael Hurt – Dementia Care Programme Manager
Isabel Gillis - Interim Director of Public Health
Karen Williams - Associate Director, Dudley & Walsall Mental Health Trust
Tracey Adams - West Midlands Ambulance Service
Dean Jenkins - Area Manager, West Midlands Ambulance Service
Wendy Godwin - Unscheduled and Planned Care Programme Manager
Nikki Gough, Committee Business and Governance Manager

205/13 Apologies

There were no apologies for the duration of the meeting.

206/13 Substitutions

There were no substitutions for the duration of the meeting.

207/13 Declarations of interest and party whip

Councillor V. Woodruff declared a non-pecuniary interest as an employee of Walsall Healthcare NHS Trust.

208/13 Minutes

Resolved

That the minutes of the previous meeting held on 18 December, 2012 are approved as a true and accurate record, subject to the following amendments:

- Councillor Woodruff and Councillor Russell were present at the meeting.
- Isabel Gillis job title is amended to 'Interim Director of Public Health'

- The resolution under minute 202/12 - Public Health Transfer to Council was amended to read:

The Executive Director for Neighbourhoods considers how to build public health into decision making.

209/13 Independent Review of Mortality Rates at the Manor Hospital

The issue of high mortality rates at the Walsall Manor Hospital had previously been considered by the Health Scrutiny Panel and an independent review of mortality rates was commissioned to seek assurance that the level of avoidable mortality was not greater than should be expected. Members were informed that the organisation conducting this review was Matt McDonald.

Resolved

The report was noted.

Item 7 - Primary Care talking therapies was deferred until later in the agenda.

210/13 Dementia Programme

The Dementia Care Programme Manager informed Members that the report on dementia aimed to inform Members of Walsall's progress in implementing the national dementia strategy.

Members expressed concern for those people that suffered from dementia but remained undiagnosed. The Programme Manager stated the problems of diagnosis were varied and included things like lack of awareness, stigma and false beliefs that nothing can be done. In a national report, one third of GPs felt that early diagnosis was not helpful and they scored 49% on a dementia knowledge test. In response to these difficulties, there was a multi-pronged approach to improving the diagnosis rate in Walsall. This included a more sophisticated screening tool, awareness campaign and dementia friendly community projects. It was acknowledged that work with GPs was required.

The Chair stated that in the future, the issue of health inequalities and access to primary care should be a focus of the Panel. The Panel stated that they would like to receive some initial information around how GPs are commissioned, monitored and what GPs do as commissioners themselves in order for the Health Scrutiny Panel, together with GPs and CCGs to start tackling health inequalities.

A Member asked if GPs had identified a gap in knowledge and if so, the CCG should be asked what was planned in terms of training. The Dementia Care Programme Manager stated that an electronic tool was being developed for GPs in Walsall to support them.

IPads are going to be loaned to care homes for resident use to encourage more activity. There had been several benefits which had been found from this,

including improvement in skills, better interaction between generations and an increase in confidence and self esteem. There was also a PC version of this. The Panel were informed of REM Pods, which helped people to relate to their surroundings and feel more at ease reminiscing about the past.

Resolved

The Panel noted the report.

211/13 Primary Care talking therapies

The Head of Vulnerable Adults and Joint Commissioning Unit presented the item to the Panel. Members were informed that it had been noted that referral to counselling and talking therapies was inconsistent, this had led to the allocation of £380,000 to commission a consistent service.

The Panel were informed that this service assisted common mental health issues and reduced the number of people needing more complex mental health services. This was a high volume, high demand service which produced a good rate of recovery. Due to the high level of take up, additional options were being considered to increase capacity such as an online service called 'Big White Wall'. As the demand for this service was high, officers stated that additional capacity needed to be found in Big White Wall or money would need to be taken out of the acute services. Members requested further information on this, when available.

Members discussed the potential for rehabilitated service users to help others. The Head of Vulnerable Adults stated that the Service User Empowerment (SUE) Group was an example of this type of successful programme. SUE members visit inpatients and were a good example of involvement. It was agreed that a similar model to SUE should be considered in primary care.

Resolved

That the Health Scrutiny Panel recommends that a user involvement group is set up in primary care mental health.

212/13 Ambulance Service Transformation

Officers from West Midlands Ambulance Service stated that copies of the presentation could be circulated to Members. Members were informed that the 'Make Ready' Programme was a vehicle and equipment preparation programme designed to improve efficiencies across ambulance operations. This meant that the following benefits were achieved:

- The reduction of expenditure on stock and wastage of disposable items;
- Minimise operational 'down time';
- Improved control of medicines management;
- Improved CQC infection prevention and control issues.

In terms of the provision of ambulance stations, there would be 2 ambulance hubs, 11 community ambulance stations and 16 other community ambulance stations in the Black Country.

Members were informed of Ambulance Fleet Assistants, which were people who stocked and washed ambulances to agreed standards. It was agreed that information on performance would be circulated to Members. The Panel were offered the opportunity to hold its next meeting at the hub in Willenhall.

The Chair asked which issues had the biggest impact on the time to patient. West Midlands Ambulance Service officers stated that hospital turnaround had a big impact on time to patients; however, Walsall HealthCare Trust was one of the best performers. The Department of Health took this extremely seriously.

The Chair requested that an appropriate reporting framework to the Health Scrutiny Panel was agreed, including centres of excellence, and key centres for Walsall, including Walsall Healthcare.

A Member raised a point about the air ambulance and their performance in the area. West Midlands Ambulance Service officers confirmed that this was controlled by West Midlands Ambulance Service and further information could be distributed on this.

Resolved

That:

- (1) West Midlands Ambulance Service report to the Panel on ambulance turnaround at centres of excellence and key sites for Walsall, including Walsall Manor Hospital;
- (2) Performance data relating to the air ambulance is circulated to Members.

213/13 Community end of life strategies and pathways

The Unscheduled and Planned Care Programme Manager stated that the report (tabled) outlined the work which has been undertaken to improve community based services and access to care pathways. It was agreed that the report set the scene, and Members would like to explore this further and be provided with greater assurance about the end of life strategies.

A Member requested that the report 'Dignity and Death' by Macmillan Cancer Support was circulated to the Panel. The Chair stated that the Panel needed to understand end of life strategy and what actually existed. A Member requested that page 7 was recirculated in colour.

The Chair wished to receive further assurance that existing end of life strategies and pathways were best practice and wanted further information on what needs to be done. It was agreed that officers would meet with the Chair to agree a way forward.

214/13 Date of next meeting

It was noted that the time and date of the next meeting was 6.00 p.m. on 12 March, 2013.

Termination of meeting

There being no further business, the meeting terminated at 8.30 p.m.

Signed:

Date: