

21 June 2011

Consideration of Panel Work Programme for 2011/12

Ward(s) All

Portfolio Holders: Councillor McCracken

Summary of report:

The purpose of this report is to provide relevant background information for Members so that the Panels work programme can be agreed for 2011/12.

It is important for Members to consider the wide range of potential issues within their remits that they could consider during the year which could range from council specific to completely external issues.

When agreeing items it is important that consideration is given to what, value the Panel can add and what tools and performance measures are available to support them in their work.

RECOMMENDATIONS:

That

- 1. Member's agree a work programme for 2011/12**
- 2. the discretionary Joint Overview and Scrutiny Committee with Dudley Council be re-established until the end of the 2011/12 municipal year, along with terms of reference and membership as set out in appendix 3**
- 3. a joint committee with Wolverhampton and Dudley is established to respond to proposals on the reconfiguration of vascular services as set out in appendix 4**

Background papers:

Scrutiny Annual Report 2010/11
Minutes of previous meetings

Resource and legal considerations:

In terms of resources it is important that the right balance and number of items and working groups are selected so that the work programme can be completed during the year without placing undue pressure on Member capacity.

Legal considerations for specific items will need to be addressed as and when necessary based on the items that are selected for inclusion on the work programme.

Citizen impact:

An effective work programme will enable the Panel to focus its work on the most important issues within its remit. Consideration of these issues and subsequent recommendations, if accepted, could improve the quality of services delivered to local residents.

Environmental impact:

The level of environmental impact will be dependant on which issues are selected to become a part of the panels work programme for 2011/12. The borough's Sustainable Community Strategy places an importance on considering the impact of present decisions on future generations which includes environmental issues.

Performance management:

The report asks Members to consider performance management information when deciding on their work programme, and also to consider how they wish to use performance management information and tools in assisting them with their work over the course of the year.

Equality Implications:

Ensuring equality for all is a key theme in the boroughs Sustainable Community Strategy as well as being one of the Council's core values. Members are advised to consider what, if any, equality implications there are for any items on their work programme.

Consultation:

Members may wish to consider the results of any formal or informal consultation exercises, including that with the public and partners, when considering what items they wish to include in their work programme. Whilst Council officers carry out a range of consultation activity on behalf of the Council, Members themselves engage with the public on a much more frequent basis and it is valuable to consider feedback from these sources as well.

Lead Officer:

Paul Davies, Executive Director for Social Care and Inclusion

t: 01922 652070

Report Author:

Nikki Gough, Scrutiny Officer

t: 01922 652824

e: goughn@walsall.gov.uk

Introduction

At the start of each municipal year it is good practice for scrutiny and performance panels to spend some time discussing and agreeing its work programme for the year ahead for issues within its remit.

For information the Panels remit in Article 6 of the Walsall Council Constitution reads as:

Health Scrutiny and Performance Panel

All aspects and general services related to health service matters, for example, health partnership matters and the public health agenda as conferred under the Health and Social Care Act 2001 within the functions set out in section 21 of the Local Government Act 2000.

Work Programme

In agreeing its work programme for 2011/12 the Panel will be informed from a range of sources, including all 60 Members, last years Panel work streams and suggested carry over items , Council Officers, Partners and the Public.

When agreeing the items to be included in its work programme focus should be given to the range of performance management information available that could assist the Panel with each particular issue. A whole host of performance information is available on a range of subjects that Members could utilise to measure success or otherwise.

Working Groups

Members need to decide whether they want to operate any working groups for this year. Working Groups are at their most effective when they are considering broad policy areas that require detailed investigation time that cannot be completed at Panel level. The Panel will set the working group remit, its membership and once a working group has completed its investigations it will report its findings and recommendations to the Panel for consideration and adoption.

It is very important that Member capacity is considered when deciding on what working groups are formed as many members sit on more than one panel and their respective working groups. As such getting suitable dates in the municipal diary and getting suitable attendance at those meetings is difficult if too many working groups are formed. In previous years experience and given the increased number of Panel's in this years municipal diary, it is suggested that each Panel should look to run only one working group at any one time. Panels that wish to operate more than working group during the year could timetable the second to start as the first finishes.

A copy of the councils working group toolkit has been despatched separately to Members and is available to members of the public by request. Member's are asked to familiarise themselves with this toolkit ahead of deciding what, if any, working groups they wish to run.

Appendices

Suggested Items

Appendix One contains a number of suggested items completed on a standard template to assist Members with deciding what they wish to include on their work programme. This includes; -

- o **What the Issue Is**
- o **Where it has come from-** for example it could be a carry over item from last year's panel, a suggestion from a Councillor or member of the public or it could be a new item officers are aware of that is coming up this year,
- o **Why it is important-** with limited time available to Members they need to be able to prioritise their work and concentrate on those things that really matter.
- o **Who it affects-** Does it impact on any particular ward or user group? Does it concern partner agencies or staff groups? Any potential equalities issues may be highlighted here if the item is likely to have a disproportionate affect on any particular group.
- o **How can scrutiny add value-** What specifically can Scrutiny do? E.g. provide feedback and recommendations ahead of a Cabinet (or partner executive) decision, support the development of policy, service review, public engagement etc. Suggestions have also been made here for if the item is particularly suited to a particular method of scrutiny such as a working group or value for money review.
- o **Timings-** This will highlight any critical timings that would need to be taken into consideration such as statutory deadlines which would dictate when scrutiny would need to have considered the item by if they are to have any valuable input

The items highlighted at appendix one are not an exhaustive list, but only those that it is possible to provide in advance of the meeting. Members should consider these alongside any items they wish to raise themselves and use them to develop a balanced work programme that concentrates on what is important to them and on where they believe they can make a difference.

Appendix Two is a copy of the forward plan for May to September 2011.

Appendix Three is a report recommending the re-establishment of the Joint Dudley Walsall Health Scrutiny Committee 2011/12

Appendix four is a report recommending the establishment of a joint committee with Wolverhampton and Dudley Councils to consider Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall 2011/12

Proposed Items for Scrutiny Work Programme

Issue	Dudley and Walsall Mental Health NHS Trust					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
Why is it important?	The partnership trust delivering mental health services across Dudley and Walsall needs to be monitored to ensure that the new organisation continues to deliver effective services and meets the needs of service users in Walsall. A programme of service transformation is planned across the Trust and members will be engaged and consulted on these plans (full report to be included in appendix to establish joint committee and membership).					
Who does it affect?	Residents of Walsall and Dudley requiring access to mental health services.					
Who needs to be involved?	People using services, service providers in all sectors, and commissioners.					
How can scrutiny add value?	In order to scrutinise the provision of services for the borough it may be necessary to form a joint scrutiny committee with Dudley Council (full report at appendix 3). Scrutiny members can respond to consultation on service transformation. Scrutiny will bring an additional degree of involvement of the Council in the service design and monitoring of the implementation programme.					
Timings	The consultation on Foundation Trust status is anticipated in September 2011. The service redesign programme will take place over a 3 to 5 year period with specific changes each					

	year.
Corporate Priority	Health and Well-being

Proposed Items for Scrutiny Work Programme

Issue	Health and Social Care Bill					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
<p>Why is it important?</p>	<p>A Health and Social Care Bill has been laid before Parliament. The Bill has now completed its committee stage at Parliament and is waiting for its Report stage at the House of Commons. The Government launched a listening exercise on NHS modernisation in April 2011; the outcome of this exercise may mean that proposals previously suggested in the Bill are amended.</p> <p>Currently under the Health and Social Care Bill GPs will get responsibility for commissioning a wide range of healthcare services. The Bill allows GPs to join together in consortia, and to commission services in the ways that they judge will deliver the best outcomes for patients. Health and Well Being Boards will be statutory in every upper tier authority and will be required to bring together GP consortia, Directors of Public Health, children's services, and adult social services. Local authorities will be given responsibility for health improvement currently carried out by Primary Care Trusts. Directors of Public Health will have a leading role in discharging local authorities' public health functions. Health Watch England will be established as the national voice of patients and the public. Local Involvement Networks (LINKs) will be replaced by local Health Watch organisations.</p> <p>(It is understood that Local Authorities will have freedom to discharge the scrutiny function, which will be conferred directly on the local authority, in a way they deem suitable and more guidance is expected on this. It is envisaged, therefore, that current arrangements for Health Scrutiny in Walsall will continue)</p> <p>On 13 September 2010 the following notice of motion was passed at Council;</p>					

	<p>GP Consortia Resolved</p> <p>This Council notes:</p> <ul style="list-style-type: none"> • The proposals by the Secretary of State for Health to create “shadow” GP consortia by April 2011 with the intention to phase out current Primary Care Trusts. • Welcomes the opportunity of ongoing consultation amongst GP colleagues as to the best way forward. Continue to work with the public, private and voluntary sector to deliver the best possible standards of care for the people of Walsall and that this matter be referred to the relevant Scrutiny Committee for consideration and response.
Who does it affect?	The Health and Social Care Bill will affect the whole population of Walsall.
Who needs to be involved?	The Council, NHS Walsall, Walsall Healthcare Trust, Public Health, children’s services, adult social services and GP consortia.
How can scrutiny add value?	The Health Scrutiny and Performance Panel recommended that consideration and response to the Council motion is made by the panel in the 2011/12 municipal year once further clarity is gained on proposals. The panel may wish to consider the impact of the Bill on the health economy in Walsall.
Timings	To be confirmed.
Corporate Priority	Health and Well-being

Appendix 1.2

Proposed Items for Scrutiny Work Programme

Issue	Midwife Led Centre					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
Why is it important?	Walsall Healthcare Trust are proposing a significant change in the service model for Maternity care in Walsall in the provision of a midwifery led unit (MLU) which is physically separated from the main Delivery Suite to meet the increased demand on the service.					
Who does it affect?	Women accessing maternity services at Walsall Healthcare Trust.					
Who needs to be involved?	Walsall Healthcare Trust.					
How can scrutiny add value?	The Health Scrutiny and Performance Panel recommended that the panel further considered proposals in 2011/12 when further information was available to Members.					
Timings	To be confirmed					
Corporate Priority	Health and Well-being					

Proposed Items for Scrutiny Work Programme

Issue	Quality Accounts					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
Why is it important?	Quality accounts are annual reports to the public on the quality of services trusts deliver, quality accounts also set out trusts priorities for the year.					
Who does it affect?	The residents of Walsall.					
Who needs to be involved?	Health Trusts in Walsall.					
How can scrutiny add value?	Although the panel will not be able to provide a commentary on Trusts quality accounts due to timings of committee timetables and submission dates for reports. The final quality account reports may provide the panel with information to inform the setting of the work programme.					
Timings	At the first ordinary meeting of the Health Scrutiny Panel					
Corporate Priority	Health and Well-being					

Proposed Items for Scrutiny Work Programme

Issue	Specialist vascular surgery reconfiguration					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
Why is it important?	It is proposed that vascular services across Dudley, Wolverhampton, and Walsall are reconfigured to improve vascular surgical outcomes. The proposals may constitute a substantial variation of service in which cases a formal consultation would be required (s244 NHS Act 2006).					
Who does it affect?	Residents of Walsall, Wolverhampton and Dudley.					
Who needs to be involved?	Wolverhampton and Dudley Scrutiny Committees, Black Country PCT, and Walsall Healthcare Trust.					
How can scrutiny add value?	This may also require a joint committee with Wolverhampton and Dudley to consider the item and respond to the consultation. (full report to be taken as appendix 4 to establish joint committee and membership)					
Timings	To be confirmed					
Corporate Priority	Health and Well-being					

Proposed Items for Scrutiny Work Programme

Issue	West Midlands Ambulance Service response times					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
Why is it important?	Historically the Health Scrutiny and Performance Panel has received information on ambulance response times in the borough. This has highlighted areas of the borough where ambulance service response times are lower than would be anticipated. However from 1 st April 2011, the way in which 999 calls are categorised within England's ambulance services was changed. It follows a move by the Government to move away from pure targets to outcomes, i.e. what happened to the patient – did they receive a good standard of care? The Panel may wish to consider whether they wish to add this item to their work programme for the year.					
Who does it affect?	The residents of Walsall.					
Who needs to be involved?	West Midlands Ambulance Service.					
How can scrutiny add value?	By considering the impact of response times on the residents of Walsall.					
Timings	Reports are available on a monthly basis, and usually published on 15 th of each month.					

Corporate Priority	Health and Well-being

Proposed Items for Scrutiny Work Programme

Issue	West Midlands Ambulance Service estates review					
Who from	Previous years panel	Individual Member	Officer	Public	Other Council Committee	Other
Why is it important?	West Midlands Ambulance Service is planning an estate review of ambulance stations, to ensure that ambulances are deployed dynamically against activity.					
Who does it affect?	Residents of Walsall.					
Who needs to be involved?	West Midlands Ambulance Service.					
How can scrutiny add value?	The panel may wish to consider proposals to ensure that local residents do not receive a reduced service as a result of changes.					
Timings	To be confirmed.					
Corporate Priority	Health and Well-being					



Re-establishment of the Joint Dudley Walsall Health Scrutiny Committee 2011/12

TO: Health Scrutiny and Performance Panel

DATE: 21 June 2011

Walsall and Dudley Health Scrutiny Panels have been keen to put in-place effective arrangements to jointly evaluate the progress of the Dudley Walsall Mental Health Trust (DWMHPT) since its inception in September 2008. The DWHPT was created as a provider of mental health services in Boroughs. The establishment of the Joint Dudley Walsall Health Scrutiny Committee was prompted by concerns that centralising services may affect the quality of service experienced by service users.

Against this background, the Health Scrutiny and Performance Panel approved proposals at its meeting in September 2009 to establish a discretionary Joint Overview and Scrutiny Committee with Dudley Council. The purpose of the joint committee was to oversee progress of the DWMHPT and the agreed terms of reference are attached to this report.

Subsequently, the first Joint meeting was held at Walsall Council House in March 2010. At this meeting, Members noted performance against key national and local indicators and other service developments. This enabled them to assess impact on service delivery users and identify where added value had been achieved. In addition, the Committee agreed to convene at six-monthly intervals.

In order to hold a joint meeting at six-monthly intervals it is necessary to re-establish the Joint Dudley Walsall Health Scrutiny Committee and re-appoint membership for the municipal year 2011/2012. The DWMHPT has indicated that it would hope to share the following with the joint committee:-

- The Trusts approach to service transformation;
- The Trusts quality account;
- Consult on foundation trust status.

Recommendations

- 1) That the discretionary Joint Overview and Scrutiny Committee with Dudley Council be re-established to oversee progress of the DWMHPT for the 2011/12 municipal year;
- 2) That the attached terms of reference be approved;
- 3) That the Panel appoint 5 members, one of which should be the Chair of the Scrutiny Panel, to the Joint Overview and Scrutiny Committee as follows:-

2 Conservative
 2 Labour
 1 Liberal Democrat

Author

Nikki Gough

Scrutiny Officer

☎01922 652824

goughn@walsall.gov.uk



Terms of Reference for a Joint Overview and Scrutiny Committee for Dudley and Walsall Councils.

Function of the Joint Committee

A statutory joint committee between Dudley and Walsall was formed in 2007/08 to respond to proposals to create a single NHS Mental Health Trust to serve both Boroughs.

This Joint Health Overview and Scrutiny Committee will undertake the functions of a discretionary joint health overview and scrutiny committee in accordance with Regulation 7 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 to oversee the progress of DWMHPT since its establishment in October 2008.

In performing this role, the Joint Committee shall exercise the following functions:

- To consider developments in connection with the provision, planning and management of Mental Health Services provided by DWMHPT
- To consider its progress against key performance indicators including Annual Health Check core standards, results of Care Quality Commission Provider Reviews (this review will take the place of the Annual Health Check in 2010), and national indicators for local government which apply to Mental Health.
- To determine whether statutory consultation on any proposed service variation is required
- Require the DWMHPT to provide information about service provision or proposals for service change
- To require officer(s) of the NHS to attend before it under Regulation 6 of the Regulations to answer such questions as required in relation to the discharge of its functions
- Such other functions ancillary to those listed above as the Joint Committee considers necessary and appropriate in order fully to perform its role

In undertaking its role of reviewing progress, the Joint Committee should do so from the perspective of all those affected or potentially affected by developments.

Health Overview and Scrutiny Committees operate independently of local authority Executives and the views of individual local authorities expressed by their Executives will be submitted separately to the DWMHPT Trust, or by the PCT as a commissioner.

Appointment

The Committee shall be appointed at the beginning of each municipal year in accordance with the conventions for joint arrangements in place at the constituent councils.

The Committee will be appointed until such time as one of the constituent Councils holds its Annual meeting or at any such time the Committee or its appointing bodies wish to decide otherwise.

Membership

Membership of the Committee will comprise 10 Members with 5 from each Authority's Health Scrutiny Committee reflecting the political balance of Dudley and Walsall. A political proportionate ratio for Walsall would be 2 Conservative, 2 Labour and 1 Liberal Democrat.

Members will be appointed in accordance with the conventions for nomination of their own council.

In accordance with Section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.

Co-optees

The Joint Committee shall be entitled to co-opt non-voting representatives to provide expert advice and consultation.

Attendance by others

The Committee will be open to members of the public to attend unless it is necessary to discuss any exempt or confidential information as set out in the Local Government Act 1972.

The Joint Committee may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions.

The Joint Committee shall permit representatives of any other authority or organisation to attend meetings as an observer. This could include elected Members from either Authority.

Working Groups

Working groups shall only be appointed by a statutory committee.

Quorum

To be one third of the membership, with at least one member from each authority.

Substitutions

Substitution shall be permitted according to the individual arrangements in place within each local authority and provided that the relevant support officer is notified prior to the commencement of the meeting.

Chair

The Committee will be chaired by the respective Health Scrutiny Chairman from the local authority hosting the meeting.

If the Chairman is not present, the remaining members of the Joint Committee shall elect a Chairman for that meeting.

Meetings

Meetings will be hosted on an alternate basis between Dudley MBC and Walsall MBC.

Dates of future meetings shall be agreed at the end of each meeting. However the Committee can convene between scheduled meetings as required, subject to approval of both Dudley and Walsall Health Scrutiny Committee Chairs.

Support

The Committee will be supported by the Hosting Authority in terms of clerking, administrative, advisory and research support. Respective local authority Mental Health leads may have a role in facilitating meetings and will therefore need autonomy to act between meetings as appropriate.

Conduct of Meetings

The conduct of Joint Committee meetings shall be regulated by the Chairman in accordance with the general principles and conventions in connection with the conduct of local authority committee meetings.

Members of the Joint Committee will be bound by the Code of Conduct applicable to Councillors under the Local Government Act 2000.

Formal consultation

If the discretionary joint committee feel that there is a need for statutory consultation and the constituent Authorities believe the variation or development in services to be substantial it will form a statutory joint committee to scrutinise proposals. It merits noting that those local authorities that do not believe that the proposed change is a substantial variation or development in service are not required to participate in the statutory joint committee; if they do not, they lose their right to be consulted on and respond to proposals for 'substantial' variation in services, which would be a loss of democratic influence on the strategic direction of the Trust.



Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall 2011/12

TO: Health Scrutiny and Performance Panel
DATE: 21 June 2011

Work is underway to consider the reconfiguration of vascular surgery services across Dudley, Wolverhampton and Walsall. It is proposed that vascular services across Dudley, Wolverhampton, and Walsall are reconfigured to improve vascular surgical outcomes.

The proposals may constitute a substantial variation of service in which case a formal consultation with the Panel would be required under s244 NHS Act 2006. Furthermore the need for a Joint Overview and Scrutiny Committee with Wolverhampton, Dudley and Walsall should be anticipated if required.

A report outlining the background to this work was taken to the Health Scrutiny Panel on 28 April 2011, and is attached, for member's information.

Recommendations

- 1) That a Joint Overview and Scrutiny Committee with Wolverhampton and Dudley Council be approved to consider proposals on vascular surgery services across Dudley, Wolverhampton and Walsall, for the 2011/12 municipal year,
- 2) That the Panel appoint 5 members, one of which should be the Chair of the Scrutiny Panel, to the Joint Overview and Scrutiny Committee as follows:-
 - 2 Conservative
 - 2 Labour
 - 1 Liberal Democrat

Author

Nikki Gough

Scrutiny Officer

☎01922 652824

goughn@walsall.gov.uk

BRIEFING NOTE

TO: Health Scrutiny and Performance Panel

DATE: 28 April 2011

Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall

1.0 Purpose of Report

- 1.1 To advise members about early work that is underway to consider the reconfiguration of vascular surgery services across Dudley, Wolverhampton and Walsall and the reasons for this. The report indicates that the proposals, when they emerge, may constitute a substantial variation of service in which case a formal consultation with the Committee would be required under s244 NHS Act 2006. Furthermore the need for a joint OSC with Wolverhampton, Dudley and Walsall should be anticipated if required.

2.0 Background

- 2.1 *Vascular surgery includes the following types of operations:*

- *Abdominal Aortic Aneurysm surgery or repair (or 'AAA'). This refers to a swelling of the main artery (aorta) in the abdomen. Aneurysms occur most commonly in individuals between 65 and 75 years old and are more common among men and smokers. They tend to cause no symptoms, although occasionally they cause pain in the abdomen, back, or legs (due to disturbed blood flow). If untreated they can rupture and many patients die before reaching hospital. Even if patients reach hospital, chances of survival are very low. If detected before they rupture (usually through screening or routine examination), they can be treated through elective surgery, which carries a much lower risk. There are two approaches to surgery – open surgery ('open') or using a form of 'key-hole' surgery ('EVAR').*
- *Carotid Endarterectomy. This is a surgical procedure used to prevent stroke by correcting a narrowing (stenosis) in the common carotid artery which supplies the head and neck with oxygenated blood. 'Endarterectomy' is the removal of material on the inside ('end-') of an artery.*
- *Amputations.*

- 2.2 Evidence based practice, reflected in the West Midlands Quality Review Service (WM QRS) standards, demonstrates that vascular surgical outcomes (both for elective and emergency surgery) are

improved when the surgical episode occurs in a single centre of excellence covering a base population of at least 800,000 people. Latest evidence confirms that patients treated at specialist centres have a significantly reduced chance of dying or having a complication as a result of their operation. Black Country residents do not currently have a local specialist centre available.

2.3 This base population of 800,000 is also required to run an AAA Screening Programme. It represents the number of patients needed to maintain competence among vascular specialists and nursing staff and the most efficient use of specialist equipment, staff and facilities. An AAA Screening Programme Office can be located at a different site to the inpatient surgery site as most of the screening will be undertaken in community settings, like other screening tests eg breast screening and cervical cytology screening.

2.4 *An AAA Screening Programme is being introduced in the Black Country. One of the outcomes will be the identification of more patients requiring preventative, elective inpatient surgery. It is imperative therefore to ensure that surgery services are optimally configured to provide the best treatment outcomes for patients. This is the key driver behind plans to reconfigure inpatient services. Patients receiving elective treatment for an asymptomatic condition must be offered the best possible outcomes and these can only be achieved at a specialist centre.*

2.5 *In the Black Country, there are currently four locations for vascular surgery:*

- *Dudley Group NHS Foundation Trust*
- *Walsall Hospitals NHS Trust*
- *The Royal Wolverhampton Hospitals NHS Trust*
- *Sandwell and West Birmingham Hospitals NHS Trust*

Sandwell and West Birmingham Hospitals NHS Trust are included with a similar configuration involving Birmingham hospital sites, and so the discussion in this report focuses on just three locations - Dudley, Walsall and Wolverhampton. Applying nationally based estimates to our population levels, across these three areas, suggests that around one hundred AAA procedures per annum will be required.

2.6 No single unit in the Black Country can currently fulfil the quality standard with the current configuration of provision, or meet the required population size to deliver best possible outcomes. In parallel with changes in service configuration there is a corresponding change in the nature of specialised surgery with vascular surgery becoming a 'sub-speciality' in its own right. This means that in future, vascular surgeons will only undertake vascular procedures and will not have dual qualifications which would enable them to undertake non-vascular interventions.

- 2.7 *The challenges surrounding the current configuration of services are not unique to the Black Country. The process of reconfiguring specialist vascular surgery services to deliver best quality care is being repeated across the West Midlands, and has already been undertaken in other parts of England and Wales.*
- 2.8 *The main driver for change in the proposed service reconfiguration is the reduced mortality from AAA to be achieved through the introduction of AAA screening. As a result, over time, the majority of operations for AAA repair will be planned – thereby reducing the proportion of emergency procedures required. The access to out-patient, day case and rehabilitation services should be unaffected and the quality of these services should be improved.*
- 2.9 *In order to look at the overall model of vascular services within the geography of the three PCT areas, health representatives from commissioner and provider organisations met in Autumn 2010 to consider the way forward. From this meeting it was agreed to establish a project with a number of work-streams which would contribute to the production of a commissioning plan for Specialist Vascular Surgery Services. These work-streams include:*
- *Agreement about the clinically-led criteria for judging where the inpatient site should be.*
 - *Specification of the clinical model (including how services would operate across the sub-region and the dependencies between them).*
 - *Healthcare Needs Assessment to understand trends, and evaluate how different sites may affect inequalities, or disproportionately affect certain populations.*
 - *Capacity assessment – looking at current activity and predicted growth as well as workforce and skills availability.*
 - *Public and patient involvement and communication planning (including work with OSCs and local LINKs).*
 - *Health Inequality Impact Assessment*
 - *Final decision-making process – looking at how this is set out, ensuring it is transparent, inclusive and acceptable to all stakeholders.*
- 2.10 *This work is at an early stage but will need to progress speedily. A clear outcome is that emergency vascular surgery and some complex in-patient elective procedures will be located at one of the three hospital sites. The work-streams above will all contribute towards a determination of where this should be and with a clear rationale why.*
- 2.11 *Because of the nature of the changes, we anticipate that the Overview and Scrutiny Committees in Dudley, Walsall and Wolverhampton will consider this reconfiguration a substantial variation, and so this report (and subsequent reports) will form part of a formal consultation with the*

Committee arising from s244 of the NHS Act 2006 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

- 2.12 *At an appropriate time it is proposed that a joint OSC is held (s245 NHS Act 2006) for Dudley, Wolverhampton and Walsall to consider the progress of the work-streams described above.*
- 2.13 *Project milestones and outputs are attached at Appendix 1 and the project lines of accountability are set out in Appendix 2.*

3.0 Finance

- 3.1 No financial issues arising from this report

4.0 Law

- 4.1 The Duty to Involve patients and the public under s242 of the NHS Act 2006; to formally consult Overview and Scrutiny Committees under s244; and the convening of a joint OSC (s245), as advised by the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, will guide this work, as well as mandatory national guidance and quality standards produced by the Department of Health and its agencies. The Equality Act 2010 and regulations advising the general and specific equality duties will also be complied with.

5.0 Equality Impact

- 5.1 An equality impact assessment will form part of the work-stream for assessing health inequalities and the differential impact on diverse communities.

6.0 Recommendation

- 6.1 Members are asked to
- i. Note the report
 - ii. Advise on how they wish to be kept informed of progress as this work develops
 - iii. Give consideration to a joint OSC with Wolverhampton and Dudley local authorities.



.....

Sue Roberts
Director of Partnerships and Service Development