

A T A M E E T I N G

- of the -

HEALTH SCRUTINY PANEL held at
the Council House, Walsall on
Thursday 23 February 2006 at
6.00 p.m.

PRESENT

Councillor Woodruff (Chair)
Councillor Walker (Vice-Chair)
Councillor D. Pitt
Councillor Robertson
Dr Sam Ramaiah - Director of Public Health
Mr. Jim Weston - Patient Forum
Ms Louise Mabley - PALS (PCT)
Mr David Martin - Executive Director, Social
Care & Supported Housing

ALSO PRESENT

Dr. T.A. Varkey – Local Medical Committee
Kathy McAteer – Assistant Director, Adult
Services
Margaret Willcox – Director for Mental Health
Walsall tPCT
Pat Warner – Scrutiny Officer

APOLOGIES

No apologies for absence were received at this meeting.

SUBSTITUTIONS

There were no substitutions received at this meeting.

DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor Woodruff declared an interest as an employee of the Walsall Hospital Trust and Councillor Pitt declared an interest as an employee of the West Midlands Ambulance Service.

MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 12 January 2006, a copy having been previously circulated to each member of the panel be approved and signed by the chair as a correct record.

SHA CONSULTATIONS

The panel considered the resolution in the minutes of these meetings setting out the panel's views in relation to the Strategic Health Authority's consultations on the reconfiguration of the PCTs, the SHA itself and the Ambulance Service.

The panel further RESOLVED:

That the comments set out in the minutes be submitted to the Strategic Health Authority as this panel's views in respect of those consultations.

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The document prepared by Dr. Sam Ramaiah was submitted: -

(see annexed)

Dr. Ramaiah presented the 2005 Annual Report on Minority Communities matter on the current position in relation to health services for the BME groups within Walsall.

He highlighted the health problems facing the 34,000 BME population within Walsall.

He said this group tended to concentrate in more deprived areas in Walsall and the burden of disease among them is often higher than in the indigenous population together with some specific health needs of their own, such as high risk diabetes, CVD and chronic liver disease.

He continued that the Department of Health commissioned a report on ethnic minority communities because the access to services by different BME groups varies substantially; because minority communities may be discriminated against and because of their diversity in terms of health, it's important to ensure quality and equity of access to services.

Dr. Ramaiah went on to explain in detail the percentage of BME population being affected by certain illnesses in comparison with the indigenous population within Walsall and the rates of increase in the prevalence of these illnesses. He indicated that although some illnesses were effecting the BME population to a lower degree, such as limited long-term illnesses, other illnesses such as coronary heart disease, diabetes, asthma and obesity were significantly higher within certain groups of the BME population.

Other lifestyle issues such as smoking, overweight and obesity together with the use of antenatal services and breast feeding were explained to the panel. Dr. Ramaiah said that although the breast feeding of their babies was substantially higher among the BME mother's the use of antenatal services were less frequent and there was a higher percentage of low birth weight babies among certain groups of this population. He went on to say that the LAA was looking to tackle the issue of low birth weight babies among this group.

He referred to a number of projects which had been set up to look into a number of health issues relating to the BME population.

The recommendations of the public health report could he said be translated into key questions for the scrutiny panel, such as: -

1. How comprehensively should ethnic coding be introduced into the Health Service in Walsall?
2. How well are the Primary Care Services geared up to deal with service needs of the BME groups in Walsall?
3. How far is the Local Authority and NHS Services gearing their own plans towards the needs of the BME population in Walsall?
4. What is being done to provide interpretation services for these groups of people in Walsall?
5. How much of the staff employed in the Health Service in Walsall reflect the 40% of the BME community in Walsall?

Dr. Ramaiah said it was clear from the findings of this report that the training of staff to deal with the sensitive issues surrounding the BME population including language barriers is of paramount consideration.

The panel thanked Dr. Ramaiah for presenting the document and expressed their support for the very high standard information set out in what was felt to be an excellent reference document.

REVIEW OF ACCESSIBILITY OF MENTAL HEALTH SERVICES IN WALSALL

The final review document was submitted: -

(see annexed)

The panel welcomed Margaret Willcox who addressed the panel in respect of this issue.

Margaret went on to advise the panel on the action taken to date in respect of the recommendations made following the conclusion of the review.

She advised the panel that since January 2006 gender specific wards have been introduced as a result of the recommendations about separate admission wards for men and women being established at the Dorothy Pattison Hospital. She continued that although there were some positive feedbacks from this, some patients had asked for a return to the mixed wards because of the feeling of isolation.

She said that consideration would be given in the future to areas within the wards for socialisation so that people can have an opportunity to mix but still experience the privacy of separate sleeping accommodation.

In respect of the recommendations relating to pathways to care, six graduate mental health workers have been recruited and are now in place. The next step will be to recruit community link workers.

She said the estates audit was in completion and she would provide a copy of the audit document for members of the panel.

In relation to the recommendations regarding the sustainable funding for voluntary organisations, Margaret said that funding has now been secured for the Black Sisters Organisation and that there was continued association with them. The Archway Centre had also been funded and the service users had expressed their support for the services being provided there.

With regards to the recommendations relating to the improvement to service users about medication and potential side effects, Margaret said that it is the intention to employ pharmacists but currently Birmingham had commenced with a pilot scheme to look at how service users can get involved in their medication prescription.

A query was raised in respect of the level of awareness amongst GP's about mental illness.

Dr. Varkey said that there was more awareness now of psychiatry, general practitioners now have a six month training of this element of medicine as part of their general practice training and new GP's were keen to learn. There was definitely an improvement within the GP population on how to deal with mental illness. There was concern he said however, that referrals to psychology departments which he said appeared to provide medication as a response to mental illness and GP's would prefer to refer patients to different types of services.

Margaret said it was planned to change how psychology departments deal with their waiting lists and it was hoped that their lists would be managed through the personnel within the Mental Health Services.

Margaret confirmed that a mapping exercise was being undertaken of the psychology department and it would be helpful to produce a copy of this document for the panel to a future meeting.

The panel thanked Margaret for the information produced in the review document and were of the view that the final document was a very helpful one and it was anticipated that the action plan would continue to be monitored and updated.

FUTURE CONFIGURATION OF MENTAL HEALTH SERVICES IN THE BLACK COUNTRY

The report of the Executive Director was submitted: -

(see annexed)

The panel welcomed Kathy McAteer who summarised the background to the proposals for the configuration of Mental Health Services in the Black Country.

She said that as a result of the changes in the NHS relating to the reorganisation of the PCTs and the Strategic Health Authority, senior officers from the Black Country PCTs, Local Authorities and the Sandwell Health and Social Care Trust had identified a need to review the current configuration of mental health services. Senior officers from the borough areas of Dudley, Sandwell and Walsall have agreed to explore as an option single mental health trusts providing services to all three borough areas.

She confirmed that Wolverhampton at this stage does not wish to join the proposed new trust preferring in stead a local care trust for all adult services. There was a possibility however that Wolverhampton may decide to eventually take part.

The panel were advised that a project board had been established comprising of senior officers from the Councils, the PCTs and the Care Trust to agree a process to explore a single Mental Health Partnership Trust as an option for the provision of mental health services across the Black Country, also to define and describe the service components, organisational structures and financial perimeters of the trust. The project board would also make recommendations and gain consensus through consultation for the future configuration of mental health services in the Black Country.

Options for future configuration of the service and any recommendations that the board may make will be subject to formal public consultation which is likely to take place in late summer/autumn 2006.

Kathy confirmed that some of the potential strengths of a single health trust option are that it offers the opportunity of building a critical mass of specialist service whilst retaining the opportunities to build on local partnership work in each of the boroughs, particularly since there were no requirements for all local arrangements for service delivery within the boroughs to be identical. The key aim is to improve outcomes for service users and ensure delivery of effective mental health services. Further potential strengths are: -

- Enhanced management and leadership potential from within a large organisation.
- Enhanced capacity and capability of service development.
- Achievement of economies of scale and the potential for reduced management costs.
- Potential to offer overall better value for money to commissioners.
- Improved capability to respond to the anticipated eventual market in mental health services.
- Enhanced potential for recruitment and retention of clinicians in a scarce specialism.
- Potential as a larger organisation, to have greater influence over policy initiatives and resource allocation in a wider health economy.

Councillor Woodruff said that she did have some concerns about the suggested strengths for the proposals. She was of the view that it's not necessarily the case that a large organisation will be more effective than that currently in place.

Margaret Willcox concurred with the comments made by Kathy McAteer in saying that the services already being provided by Walsall offer value for money but that in entering into new systems with other local authorities their methods of providing services could be incorporated at no extra cost and the future services being provided could potentially be a very interesting one.

Jim Weston enquired as to what the benefits would be to patients with the proposed configuration.

Margaret Willcox explained that the individual PCTs currently had separate services and if they were rationalised some of the core structures would save money which could then be used to enhance patient services.

Dr. Varkey expressed further concern about patients receiving reasonable care within the larger structure.

Members on the whole felt that the patients would be willing to travel to where ever it was possible to gain access to specialist services.

Members thanked Kathy McAteer and Margaret Willcox for their presentation and noted the cross local authority event which will take place in June, and that a subsequent update on the current position will be submitted to a future meeting of this panel.

ROLLING WORK PROGRAMME

The panel's previous report considered at a meeting in August 2005 was submitted: -

(see annexed)

Members considered the rolling work programme for 2005/6 based on the proposals made in the report considered in August 2005.

Consideration was given to whether all the items set out in that programme should be continued to the next municipal year. Following discussions on this matter, the panel agreed that Dr. Ramaiah should be invited to attend the next meeting in order that his views could be sought on the items which should be placed on the work programme for the coming municipal year.

Members RESOLVED:

- That the panel should receive at their next meeting an up to date position on the proposed reconfiguration of hospital services within the Black Country.
- That the review in respect of the access to Mental Health Services should be placed on the work programme for consideration in respect of the action plan for the next 6 – 8 months.

The panel further RESOLVED:

- That the remaining items set out below should be considered at the next meeting with a view to receiving Dr. Ramaiah's comments in respect of the importance of the issues on this list and seeking the most appropriate item for an indepth review: -

Key Actions

Reducing obesity in adults and the

Meeting Date

To be considered at the next meeting on

working population in Walsall.	7 April 2006.
Life expectancy including sexual health issues in Walsall.	To be considered at the next meeting on 7 April 2006.
Increasing breast/cervical screening.	To be considered at the next meeting on 7 April 2006.
Infant mortality.	To be considered at the next meeting on 7 April 2006.
Breast feeding.	To be considered at the next meeting on 7 April 2006.

NHS BUDGETARY ISSUES

Dave Martin advised the panel that consideration could be given by this panel to the financial difficulties being experienced by PCTs. Currently Walsall was not experiencing financial problems to the degree that others within the West Midlands are but that the solutions which are being considered by the government to this problem might severely affect Walsall PCT.

He said that the proposed solution was The NHS Bank, whereby money will be top sliced from all budgets to create a central pot to offset areas of serious overspend.

This, he said would adversely affect Walsall PCT in that these expenditures are not planned expenditures and could therefore impact on the service as a result of money being taken away from the PCT. He said that consideration was being given to this commencing between now and April.

Members noted the information submitted by Dave Martin and agreed that it's an issue which could be considered at the panel at a later date.

ASTHMA AND HEALTH SCRUTINY

Members received information submitted to the Regional Health Scrutiny Chair's Forum in respect of asthma together with the minutes of the meeting held on 31 October 2005 and also the minutes of the meeting held on 30 January 2006: -

(see annexed)

This information was received and noted.

DATE OF NEXT MEETING

The date of the next meeting to be agreed.

There being no further business the meeting terminated at 7.40 p.m.