

## **HEALTH SCRUTINY AND PERFORMANCE PANEL**

**Monday, 5 September, 2011 at 6.00 p.m.**

**Conference Room, Council House, Walsall**

### **Panel Members Present**

Councillor M. Longhi (Chair)  
Councillor V. Woodruff (Vice-Chair)  
Councillor R. Carpenter  
Councillor S. Fletcher-Hall  
Councillor R. Martin  
Councillor I. Robertson  
Councillor E. Russell  
Councillor H. Sarohi

### **Officers present**

Andy Rust - Head of Joint Commissioning Unit  
Isabelle Gillis - Associate Director of Public Health  
Gary Graham - Chief Executive Dudley and Walsall Mental Health Partnership NHS Trust  
Marsha Ingram - Acting Director of People and Corporate Development Dudley and Walsall Mental Health Partnership NHS Trust  
Yvonne Thomas - Director of Partnerships (NHS Walsall)  
Rachel O'Connor - Project Lead - (Review of Trauma Services)  
Wendy Godwin - Unscheduled and Planned Care Programme Manager  
Richard Topping - West Midlands Ambulance Service (General Manager)  
Paul Bayliss - West Midlands Ambulance Service (Area Manager)  
Craig Goodall - Scrutiny Officer

#### **87/11 Apologies**

Apologies for absence were received on behalf of Councillor Turner.

#### **88/11 Substitutions**

There were no substitutions for the duration of the meeting.

#### **89/11 Declarations of Interest and Party Whip**

Councillor V. Woodruff declared a personal interest as an employee of Walsall Healthcare NHS Trust.

## 90/11 Minutes

### **Resolved**

That the minutes of the meeting held on 25 July, 2011, a copy having previously been circulated, be approved as a true and accurate record.

## 91/11 Joint Strategic Needs Assessment

The Panel were informed about the development of a new Joint Strategic Needs Assessment (JSNA).

The Associate Director (Public Health) informed Members that the last JSNA was produced in 2009. It was now time to begin refreshing the document. She explained that the JSNA should be seen as a live document that provides a continuous stream of data and intelligence on the health and well-being of the people of Walsall and used as an evidence base for strategic decision making and prioritisation of resource allocation.

The Chair emphasised the importance of the JSNA to the Panel. He explained that the JSNA would be the strategic document used by the soon to be created Health and Well-Being Board who will be responsible for commissioning healthcare services in the future. A strong JSNA would allow the Health and Well-Being Board to make informed decisions and provide scrutiny with a reference document by which the decision makers could be held to account. To assist in the development of the JSNA the Chair proposed that Members of the Panel act as critical friends to the project teams developing individual strands of the new assessment. This was supported by the Panel.

In response to a question it was explained that the JSNA was a local document specific for Walsall and there was limited cross border partnership work with neighbours at the current time although this could be improved in the future.

The Chair suggested that data from private health care providers and insurance companies should be sought to assist in developing the new JSNA.

### **Resolved**

(1) That the following Members act as critical friends to the Joint Strategic Needs Assessment priority work stream teams:

- a) Councillor M. Longhi
- b) Councillor V. Woodruff
- c) Councillor R. Martin
- d) Councillor I. Robertson
- e) Councillor S. Fletcher-Hall

and;

- (2) Health Partners improve partnership working with neighbours with regard to development of Joint Strategic Needs Assessments.

## 92/11 **Improving Trauma Care Across The West Midlands**

The Panel considered proposals to reconfigure trauma care across Birmingham and the Black Country. The Project Lead (Review of Trauma services) explained the changes to services proposed in the West Midlands. She highlighted the following areas:

- What trauma care services were;
- The case for change;
- The benefits for patients;
- How major trauma care was currently provided;
- How trauma care would be provided in the future;
- The model of care;
- The options for service configuration;
- The key milestones in the decision making process;
- Pre-consultation next steps.

A Member of the Panel welcomed the proposals to create specialist trauma care units in Birmingham and the Black Country.

In response to a question about funding for trauma care the Project Lead explained that work was on going with the Department of Health to insure that the right funding was provided to pay for treatment that was delivered to patients and that this funding was appropriate to the cost of the treatment. She also explained that it was possible to claim some funding from insurance companies for some trauma cases.

### **Resolved**

- (1) That the report be noted;

and;

- (2) The Panel consider the preferred option for trauma care reconfiguration at the 25 November, 2011.

## 93/11 **Dudley and Walsall Mental Health Trusts Service Transformation progress report**

The Panel considered the development of the new model to deliver mental health services in Dudley and Walsall. The Chief Executive (Dudley and Walsall Mental Health Partnership NHS Trust) (DWMHT) explained the context of the service re-design and the aspiration to move from 27 individual ways of accessing mental health services to two (one for primary care mental health and one for secondary care) as well as improving current systems to assist service users in the transition from active care to living back in the community. He also

explained that the organisation was required to save £10.8 million over four years. He emphasised that reducing the number of ways service users could access mental health services would make the trust easier to access and an easier for service users to understand how to access services.

The following are the principal points from the ensuing discussion:

- Savings for 2011/12 had already been made through efficiencies;
- Changes to service users would be minimal. Particularly in years 1 and 2 of the proposed reconfiguration;
- There had been lots of engagement and interest in the Trusts engagement events. This was welcomed by the Panel. He emphasised that service users should see minimal change. One of the drivers of the redesign was to make it easier for service users to access services and understand how to access them. The redesign was designed to ensure a greater continuity of care and working towards the rehabilitation of service users rather than keeping them in the care of the Trust. A key aspect of this was providing a fast route into care should service users require it;
- Self referrals into secondary mental health care would no longer be possible within the new system. Referrals or assistance from the Trust would be through a GP or other healthcare provider. In response to a question it was explained that waiting lists for psychology services in Walsall had reduced to 18 weeks from a previous high of 3 years;
- Members of the Panel discussed the perceived improvements and disadvantages of the Trust.

In closing the item the Chair requested that the Mental Health Strategy be considered to future meetings of the Panel. He also stated that he was happy with the increased engagement undertaken by the mental health trust regarding the transformation programme.

### **Resolved**

(1) That the report be noted

and;

(2) A report on the Mental Health Strategy and how it will be implemented be considered at a future meeting of the Panel.

### **94/11 PCT System Plan - Unscheduled Care Programme**

The Panel were informed of the Primary Care Trusts (PCT) Unscheduled Care Programme

The Unscheduled and Unplanned Care Programme Manager gave a presentation to the Panel to the PCTs Unscheduled Care Programme.

(see annexed)

She highlighted the following issues:

- Programme and projects;
- Year one savings;
- Overview and interdependencies of the unscheduled care patient flow, and emergency and urgent care centre;
- The redesign path for frail and older people in Walsall;
- The integrated urgent care system;
- Total savings expected from the programme.

The following are the principal points from the ensuing discussion:

The following are the principal points from the ensuing discussion:

- The savings outlined in the presentation are to be made over four years and 2010 to 2013. Following a short discussion on the Frail and Elderly Pathway a Member noted that all old people supported to live independently in their own home will need hospital at one point. This was acknowledged by the Programme Manager who explained that a key part of this plan was to ensure that all admissions to hospital were appropriate. An initial audit had indicated that the current plan was working successfully as only 17% of unscheduled admissions that would include frail elderly, were deemed inappropriate. She explained that further work would take place with GP commissioners in the future regarding the long term issues with elderly care. The role of the West Midlands Ambulance Service (WMAS) was key to successfully reducing the number of inappropriate hospital admissions was noted. The General Manager (WMAS) explained that ambulance crews were experienced in the assessment of patients and when alternative care should be sought in preference to hospital admission.
- As well as plans on unscheduled care the PCT have plans on how to deal with unexpected surges (previously the winter plan). There was also a review being undertaken considering procedures of limited clinical value.

## **Resolved**

That:

(1) the following items be considered at a future meeting;

- a) The frail and elderly pathway;
- b) Surge plan;
- c) Procedures of limited clinical value including examples

and;

(2) An update on the unscheduled care programme be considered by the Panel in 6 months.

## 95/11 West Midlands Ambulance Service - Transformation and Performance Update

The Panel considered the service transformation programme and performance data from West Midlands Ambulance Service (WMAS) the General Manager (Black Country) reported on the following items:

- Ambulance response times including an explanation of the new patient outcome of focus targets;
- WMAS strategic objectives;
- The make ready project and its benefits;
- Hub Location;
- Community Ambulance Stations.

The following are the principal points from the ensuing discussion:

- The current organisation of ambulance stations across the Black Country was very inefficient. The proposal was to move to two locations where all ambulances would be made ready for operational shift. This would be supported by a network of community ambulance stations with advanced paramedics. This model of operation was working successfully in Staffordshire;
- A large percentage of 999 calls were unnecessary. NHS Pathways is a new call handling process: firstly call assessors would assess the immediate need of the caller, if it was believed there was no immediate emergency or need for ambulance attendance the callers would be advised on alternative forms of care suitable for their needs;
- WMAS had access to translators for those people who spoke foreign languages however if these were not available or the person could still not be understood the default response was to send an ambulance to the caller.

The General Manager (Black Country) suggested that the Panel undertook a site visit to Staffordshire Ambulance Service to experience the Make Ready project and NHS pathways principals.

### **Resolved**

That:

(1) The report be noted

(2) a further report from West Midlands Ambulance Service be considered when the new location for the Ambulance Station Hub has been confirmed;

and;

(3) a site visit for Members to Staffordshire Ambulance Service be arranged so that Members can experience NHS pathways and Make Ready

## 96/11 **Health and Social Care Bill - Governance**

The Panel were provided with a summary of the governance arrangements proposed in the Health and Social Care Bill (HSCB).

The Head of Joint Commissioner explained that as a result of the consultation of the HSCB, Health Scrutiny arrangements would remain in place. One of its new roles would be holding to account the proposed Health and Wellbeing Board.

The Panel requested a diagram explaining how the proposed new governance arrangements should work.

### **Resolved**

That:

(1) the report will be noted

and;

(2) The Panel be provided with a diagram illustrating how the governance arrangements proposed in the Health and Social Care Bill should work. The explanation should include lines of accountability and identify potential challenges.

## 97/11 **Work Programme 2011/12 and Forward Plan**

The Panel considered the latest version of Cabinets Forward Plan of Key Decisions along with their Work Programme 2011/1 (2)

### **Resolved**

That the following items will be added to the Panels Work Programme:

- a) Health Watch;
- b) The frail and elderly pathway;
- c) Surge plan;
- d) Mental health strategy;
- e) Financial monitoring;
- f) Procedures of Limited Clinical Value;

## 95/11 **Date of Next Meeting**

It was noted that the date of the next meeting would be 24 October, 2011 at 6.00 p.m.

*The meeting terminated at 8.20 p.m.*

Signed:

Date: