

## **DUDLEY WALSHALL JOINT HEALTH SCRUTINY COMMITTEE**

23 MARCH 2010 AT 6.30PM

**Panel Members Present** Councillor C Ault (Chair)  
Councillor S Ridney (Vice-Chair)  
Councillor R Carpenter  
Councillor I Robertson  
Councillor Z Islam  
Councillor K Turner

**Co-opted Members Present** None

**Portfolio Holders Present** Councillor B McCracken – Social Care and Health

**Officers Present** Neill Bucktin (Head of Partnership Commissioning – Dudley NHS)  
Brendan Clifford (Head of Policy and Performance – Dudley Council)  
Marsha Ingram (Head of Corporate Affairs – DWMHPT)  
Gary Graham (Chief Executive - DWMHPT)  
Jacky O’Sullivan (Director of Performance & Strategy- DWMHPT)  
Ann Parkes  
Margaret Willcox (Assistant Director – Adult Services – Walsall Council)

### **01/09 ELECTION OF A CHAIRMAN RESOLVED**

That Councillor C Ault (Walsall Council) be elected Chairman of this Committee for the remainder of the meeting.

(Councillor C Ault in the Chair)

### **02/09 ELECTION OF A VICE CHAIRMAN**

That Councillor S Ridney (Dudley Council) be appointed Vice Chairman of this Committee for the remainder of the 2007/08 Municipal Year.

### **03/09 APOLOGIES**

Apologies were received on behalf of Councillors: D Harley, J Davies, A Paul, V Woodruff

### **04/09 SUBSTITUTIONS**

None.

#### **05/09 DECLARATIONS OF INTEREST AND PARTY WHIP**

None

#### **06/09 TERMS OF REFERENCE**

Consideration was given to the Terms of Reference for a Joint Overview and Scrutiny Committee for Dudley and Walsall Councils.

#### **RESOLVED:**

##### **That:**

Approval be given to the Terms of Reference for a Joint Scrutiny Committee for Dudley and Walsall Councils, as set out in agenda item 6 of the agenda papers.

#### **7/09 OVERVIEW OF SERVICES PROVIDED BY THE DUDLEY WALSALL MENTAL HEALTH PARTNERSHIP TRUST (DWMHPT)**

Consideration was given to the report on services provided by the mental health trust (annexed). This provided members with key facts about the organisation and how it operates.

Members were informed that when consulting with services users about the formation of the mental health partnership trust, a pledge that where those services were accessed locally this would continue, had been upheld to date. The overall profile of services in each locality was similar.

Arising from the information given, Members asked a number of questions, to which responses were given, relating in particular to: -

- A query regarding the review of management structures, in response to which it was noted that a commitment that savings would be made in the future. Whilst mental health services were expected to improve quality, the Trust will be expected to make savings.
- Feedback from service users was questioned, it was explained that the most pertinent piece of feedback was that service users valued the increased involvement and influence at a strategic level. Although some information was not available at this stage, investment had been made in 'patient experience trackers' which would enable patients to answer questions in relation to surveys.
- Regarding staffing issues, members were informed that staffing levels had not decreased since October 2008. It was emphasised that the intention was to decrease management costs. It was stated that a significant reduction in management costs should be seen next year. It was suggested that roughly 77% of total budget was spent on staff salaries.
- In response to a query relating to capital investment, the panel were informed that work on an estates plan was in progress. This would

mean that the Trust would consider how best to utilise facilities. In relation to this the Trust would be considering how assets could be shared with PCTs.

- The number of current service users by locality (Dudley and Walsall) was roughly equal. Although, it was explained that each locality had different needs and ethnic compositions in relation to mental health services.

#### **8/09 SUMMARY OF TRUST'S PERFORMANCE**

Consideration was given to an overview of Dudley and Walsall Mental Health Partnership Trust's financial and quality performance and a summary of the mechanisms through which Trust performance is monitored (annexed).

It was stressed that there were fundamental differences in the way mental health services were funded in comparison to acute services. Mental health services were funded through block contracts for a years worth of services in comparison to payment by results in acute services.

In response to a query about CQUIN, the panel were informed that it was a genuinely useful tool, in providing an incentive to achieve targets.

The panel were informed that slide 3 'external regulation' should read 2008/09 – Annual Health Check. Also that the rating 'fair' was the best that they could have hoped to achieve, and in the new Care Quality Commission (CQC) process the Trust would need to meet registration criteria.

In response to a query on national indicators, the Trust expects to fully achieve a number of these this year but expects to only partly achieve others.

The panel were informed that they were not aware of where CQC would set the bar yet on a number of indicators or how the national picture would look.

Regarding the performance of other Black Country mental health providers, it was suggested that it was difficult to compare year on year as the indicators tended to change.

The major cuts in funding expected in the future were discussed and the impact on mental health services. It was emphasised that the Trust would need to find new ways to deliver services and be innovative, with the challenge being that the quality of services do not suffer.

#### **09/09 ISSUES FOR THE FUTURE**

In regard to the future, it was stressed that the quality of services would be expected to improve, and services provided differently to improve productivity.

The Trust would be expected to save £10 million over the next 4 years.

The panel were informed that the Trust had a 'context' in which to plan for and this was an ageing population with a growing BME population. This would be factored into the redesign.

In terms of the estates strategy it was suggested that sites were not located in the areas of highest need and it was hoped this could be addressed in the future.

Indications were that the Trust would be in a good position to achieve foundation status, which would make the Trust accountable locally. Although timescales for application were tight.

Over the next 12 months management structures would be reviewed. The most difficult part of service redesign would be to provide innovative services for less money.

In response to the comment on the ageing populations of Dudley and Walsall, the Trust were asked for information on dementia services. The panel were

informed that the Trust only see a small proportion of people with dementia, and once it was diagnosed only a small percentage of people access specialist services. Although provision in the two localities differs, members suggested that services in Dudley needed improving. Members requested that they were kept fully informed of developments in services for dementia sufferers.

In response to a query on the voluntary sector in both Dudley and Walsall, members were informed that often the voluntary sector can be better at providing services in some areas and the Trust was keen to work closely with this sector. It was suggested that the structure of the voluntary sector was easier to understand in Dudley than Walsall.

Inpatient facilities for young people were discussed and members were informed that this facility was provided by Birmingham and Solihull Mental Health Foundation Trust at present. As very small numbers of young people accessed this service each year it was suggested that this may not be the most appropriate service to try and deliver locally for this age group.

**10/09 OUTLINE WORK PROGRAMME FOR 2010/11**

Members agreed that Child and Adolescent Mental Health would be suggested as an agenda item for the next meeting of the Joint Committee, subject to re-establishment of the joint committee.

**11/09 AGREE DATES FOR 2010/11**

Subject to re-establishment it was suggested that 2 meetings of the joint committee would be held a year, with Scrutiny officers working to make arrangements.

**RESOLVED**

That the Dudley Walsall Joint Health Scrutiny Committee is re-established in the next municipal year, to be held twice yearly.

The meeting terminated at 8.15pm