

HEALTH SCRUTINY AND PERFORMANCE PANEL

Monday, 12 December, 2011 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor R. Carpenter
Councillor S. Fletcher-Hall
Councillor M. Flower
Councillor I. Robertson
Councillor D. Russell
Councillor H. Sarohi
Councillor I. Shires

Other Members present

Councillor M. Bird - Leader

Officers present

Paul Davies, Executive Director, Social Care & Inclusion
Andy Rust, Head of Vulnerable Adults & Joint Commissioning Unit
Derek Hunter, Urgent Care Lead Officer (Dudley PCT)
Joyce Bradley, Service Improvement Manager (Walsall PCT)
Carol Mason, Voluntary & Community Sector Manager
Trish Skitt, Director of Transformation & Integrated Pathways, Manor Hospital
Jayne Tunstall, Chief Operating Officer, Manor Hospital
Sue Hartley, Director of Nursing, Manor Hospital
Karen Palmer – Head of Nursing & Midwifery, Manor Hospital
Alicia Wood, Senior Commissioning Officer - Mental Health
Lloyd Haynes, Finance Account Manager
Matt Underhill, Scrutiny Officer

Marsha Ingram, Dudley and Walsall Mental Health Partnership NHS Trust
Yvonne Thomas (Walsall PCT)

113/11 Apologies

Apologies were received for the duration of the meeting from Councillor V. Woodruff, Councillor D. Turner, Councillor R. Martin; Councillor C. Towe; Councillor B. McCracken.

114/11 **Substitutions**

Councillor Flower substituted for Councillor Martin for the duration of the meeting.
Councillor I. Shires for Councillor Woodruff.

115/11 **Declarations of interest and party whip**

There were no declarations of interest or party whip identified at this meeting.

116/11 **Minutes**

The minutes of the previous meeting were noted.

Resolved

That the minutes of the meeting held on 24 October 2011, copies having previously been circulated be approved as a true and accurate record.

117/11 **Vascular Surgery in Walsall, Dudley and Wolverhampton**

The Chair explained that he wished to suggest a number of concluding resolutions on behalf of the Panel in relation to the reconfiguration of local vascular surgery services.

Resolved

That

- The Panel confirms its previous resolutions made at its previous meeting and notes reassurances given by the NHS regarding the procurement process undertaken in relation to vascular surgery in Walsall, Dudley and Wolverhampton;
- However, the Panel would also wish to emphasise the importance of the NHS being able to demonstrate in future procurement activity that all potential providers have been given the fullest opportunity to tender for the right to operate services.

118/11 **Walsall Manor Hospital: Patient views**

The Chair introduced the item explaining that it was important for the Panel to triangulate the views of patients and service user representatives from Manor Hospital with inspection reports and information provided by the hospital and other statutory bodies. Patient and service user representatives, including from MYNHS Walsall, attended the meeting. The following is a summary of the subsequent discussion:

- A patient representative explained that there were concerns regarding the hospital's application for foundation trust status, particularly as significant problems were witnessed at Mid Staffordshire Hospital following its conversion to foundation trust status. Senior officers from Manor Hospital agreed and highlighted that service user representatives had attended meetings and were contributing to development activity as part of the robust process which was in place to support the application for foundation trust status. It was also acknowledged that it was important that there was rigorous scrutiny of the process and there would be director-level sign-off regarding the delivery standards required in order for foundation trust status to be awarded. The Chair highlighted to patients and service user representatives that the Panel had received significant guidance from the hospital regarding the process of gaining foundation trust status;
- A further patient representative explained that there were some concerns regarding the application of the end-of-life Liverpool Care Pathway (LCP). There was evidence that the LCP had been introduced without consent. The Chair explained that applied correctly the LCP represented a caring way to support individuals in their final days. However, it was clear that a stringent process was needed to ensure that it was deployed appropriately. An additional representative query was raised in relation to the application of the LCP in local nursing homes and the importance of being able to access data on its use. There was also evidence that the LCP had been applied in nursing homes in a number of instances without appropriate clinician participation in the decision. It was agreed that the patient representatives would meet the Executive Director to discuss specific concerns. Senior officers from Manor Hospital agreed explaining that the LCP was distinct from palliative care and was intended to enable someone to die in a place of comfort, with a number of further options available. However, they acknowledged that it was necessary to work more effectively with patients and families. It was agreed that the Panel would receive a report at a future meeting regarding the checks and balances used by the hospital in the application of the LCP. The Executive Director noted that the ongoing development of Health Watch would support significant engagement of user representatives in decision making within the local health economy, including in relation to the gold standard of nursing care and the LCP. It was also agreed that the quality assurance framework which had been developed for residential and nursing care in Walsall would be presented to the Panel at its next meeting;
- A patient representative highlighted the difficulty experienced in accessing up-to-date information regarding cancer death rates in Walsall, with data for 2008 being the latest available. There was a wish to identify whether or not there was link between local cancer rates and the location of former mining works, as well as the proximity of the M6. The Executive Director explained that there was an inevitable delay in the publication of data as it had to be properly extrapolated to be meaningful. However, this was an issue that would be most appropriately dealt with by the Director of Public Health, from whom it was agreed that a response would be sought. The Leader of the Council explained that work was now being undertaken with a commercial firm to decontaminate former mining works. He also

explained that the contractor would be working closely with local communities and reassured representatives that similar types of work undertaken previously had not resulted in complaints in relation to noise and dust pollution.

The Chair thanked all the invitees and encouraged them, together with colleagues and friends, to attend future meetings of the Panel.

Resolved

That:

- (1) the Panel would receive guidance regarding Manor Hospital's application for foundation trust status at its next meeting;
- (2) the Panel would receive guidance regarding the application of the Liverpool Care Pathway by Manor Hospital at a future meeting;
- (3) the Panel would receive guidance regarding the quality assurance framework for nursing and residential care homes at its next meeting;
- (4) the Director of Public will be invited to respond to concerns regarding local incidence of cancer;

and

- (5) that the report be noted.

119/11 Briefing on Mid-Staffordshire A & E Services

The Urgent Care Lead Officer and Service Improvement Manager introduced the briefing (annexed). The following is a summary of the briefing and subsequent discussion:

- The officers explained that Mid-Staffordshire A & E was now closed from 10:00 pm to 8:00 am, with this having been implemented on 1st December 2011. This planned temporary overnight closure will continue for 3 months. If agreed targets are not met by the end of this period the closure will continue. The closure was the result of staff shortages and difficulties in meeting performance targets;
- It was anticipated that 15 ambulances per night would go to alternative sites per night, including 3 to Manor Hospital. From the 1st December to 11 December, 28 ambulances have gone to Walsall averaging 2.5 a day, ranging from 0 – 28 per day. For example, last Saturday there were 3 ambulances to Walsall, 3 self referrals of which 5 were sent home and 1 admitted. It is anticipated that Christmas and New Year will produce higher figures, although a temporary minor injuries unit is being set up in Staffordshire to help meet some of this demand;

- The Chief Operating Officer confirmed that these arrangements were not having an adverse impact on the ability of the hospital to deliver services to local residents;
- It was also explained that the impact on capacity following a major incident would be minimal. This was because Mid-Staffordshire Hospital did not form part of the major incident response in the region. However, if capacity was required at the A&E of Walsall or any other hospital involved in such a scenario capacity would be created by transferring patients to Mid-Staffordshire Hospital;
- Following a Panel query it was confirmed that a patient from Staffordshire, or elsewhere, transferred and admitted for treatment at Manor Hospital had the right to continue their care in Walsall. The Leader of the Council noted the importance of ensuring that the Council's Emergency Planning Team were fully included in these type of decisions.

Resolved

That:

- (1) the Panel be advised should the overnight closure of Mid-Staffordshire Hospital place pressure on services at Manor Hospital;

and

- (2) the report be noted.

120/11 Surge Plan

The Service Improvement Manager introduced the report (annexed). The following is a summary of the report and subsequent discussion:

- It was explained that the surge plan was an overarching document aimed at managing the anticipated increase in demand for services over winter;
- There were a number of escalation levels for surges in demand which would in turn lead to an appropriate response from the hospital. For example, Level 3 would result in the cancellation of all elective surgery, while Level 4, a major incident, would prompt the cancellation of everything non-essential. Work includes a taskforce which has considered appropriate treatment for patients with specific needs during Level 3 and 4 type scenarios. It was further explained that the surge plan focuses on preventative care, the swift deployment of additional staff where required, together with a specific focus on discharge;
- Following a Panel query regarding managing capacity it was explained that those who attended A & E were streamed to determine whether they required urgent care or if they should be sent to a GP;
- The Executive Director explained that the council was a partner at all levels of the surge plan. This included an integrated discharge unit and hospital-based social worker team. The council also provided a range of support mechanisms for individuals post-discharge including telecare;

- The Leader of the Council expressed concern regarding the absence of a plaster clinic over weekends in hospitals in the Black Country. A Panel Member also queried the distance between location of a department, which included responsibility for knee treatment, and the outpatients department. Senior officers acknowledged this issue and explained that a Resolution was being sought;
- A Panel Member highlighted the importance of the use of social-media in highlighting the surge plan to local residents. He explained that many residents in his ward did not have access to the Walsall Advertiser, while the use of newspaper promotional wraps was in his view not very effective.

Resolved

That the report be noted.

121/11 Frail Elderly Pathway

The Director of Transformation & Integrated Pathways introduced the report (annexed). The following is a summary of the report and subsequent discussion:

- It was explained that the Frail Elderly Pathway (FEP) had been developed in response to significant demographic changes and was initially implemented in December 2010. The FEP sought to address a number of challenges, including older people remaining in hospital too long and becoming dependent on the system;
- The approach includes a number of options for providing support and care for individuals within the community. For example, the rapid response diversion pathway to GPs is an alternative to hospital attendance and admission. It involves a clinician from the Intermediate Care team visiting the patient at home within 2 hours of referral;
- This system of alternative care has reduced demand on hospital beds and enabled the closure of a hospital ward which has now been converted for other use;
- The Executive Director explained that a virtuous circle had been created with effective community-based reablement supporting efficient transfers from hospital. He highlighted that Manor hospital had a late discharge rate of 10% which placed it amongst the top performance in the country. The Chair emphasised that quality as well as speed of transfer was important. The Chief Operating Officer explained that ensuring the quality in this and other processes would be underpinned by the use of a winter performance dashboard;
- Following a Panel query, officers explained that there was a significant role for the voluntary in community reablement. For example, assisted with reablement activity at the hospital, while a home from hospital visiting team contract had recently been awarded to a voluntary organisation.

Resolved

That:

(1) the Panel will receive an update in six months;

and

(2) the report be noted.

122/11 Health & Wellbeing Board

The Head of Vulnerable Adults & Joint Commissioning Unit introduced the report (annexed). The following is a summary of the report and subsequent discussion:

- The proposals for a Health & Wellbeing Board, which will operate in shadow form for the first twelve months, have been approved by Cabinet;
- The participants in the new arrangements will include Members, GPs consortia and Health Watch;
- A key element of the shadow Board's immediate activity will be to develop an interim strategy through working with all stakeholders. This will assist in determining the detail of how the Board will operate and the type of issues it will seek to address;
- Following a Panel query officers explained that a clear objective of the Health and Wellbeing Board was to adopt a holistic approach to addressing a range of issues of inequality within Walsall. It was highlighted that of this health inequalities represented 11%. The Chair also emphasised the importance of the Joint Strategic Needs Assessment in identifying and tackling local health inequalities. A Panel Member noted the importance of the Health and Wellbeing Board adopting a focused rather than unwieldy set of outcomes.

Resolved

That the report be noted.

123/11 Quarter 2 Financial Monitoring Position for 2011/12

The above item was considered out of sequence with the published agenda at the Chair's discretion. The Finance Account Manager introduced the report (annexed). The following is a summary of the report and subsequent discussion:

- The forecast revenue outturn for those services under the remit of the Health Panel was an overspend for 2011/12 of £2.511m. This relates to the ongoing pressure on placement budgets from previous years and the cost of new placements agreed in 2011/12. The forecast overspend will be met by the partners as per their contribution to the pooled budget, with £701k (27.9%) being funded by the PCT and the remainder, £1.810m

(72.15) funded by the council through forecast underspends elsewhere within the Social Care and Inclusion Directorate;

- At this point in the year the action plan for the Learning Disabilities pooled budget totals £2.056m.

Resolved

That the report be noted.

124/11 Budget Consultation Feedback 2012/13

The above item was considered out of sequence with the published agenda at the Chair's discretion. The Finance Account Manager noted that the report included the Panel's previous response to the budget proposals.

Resolved

That the report be noted.

125/11 Financial Plan 2012/13 to 2014/15: Second Draft Revenue & Capital Budget Proposals for Consultation

The above item was considered out of sequence with the published agenda at the Chair's discretion. The Finance Account Manager introduced the report (annexed). The following is a summary of the report and subsequent discussion:

- Officers explained that the budget proposals remained unchanged from those presented at the Panel's previous meeting;
- The Leader of the Council explained that the council's settlement from Government had been confirmed last week. He further explained that the budget proposals were now unlikely to change prior to confirmation in the New Year.

Resolved

That the report be noted.

126/11 HealthWatch

The Voluntary & Community Sector Manager introduced the briefing (annexed). The following is a summary of the briefing and subsequent discussion:

- The work to introduce HealthWatch as a replacement for LINKs is continuing. This includes a pathfinder bid to develop the potential to maximise the wider 14,000 membership base of MYNHS Walsall;
- This activity has been supported by the appointment of a HealthWatch coordinator and support officer.

Resolved

That the report be noted.

127/11 Midwife Led Birthing Centre

The Director of Nursing and the Head of Nursing & Midwifery introduced the report (annexed). The following is a summary of the report and subsequent discussion:

- The Panel had previously been advised of plans to locate a midwifery led birthing unit off-site from Manor Hospital. The new facility will manage the natural births for women who are low risk with appropriate clinician care;
- Following a Panel query, it was explained that where it was deemed necessary to carry out an emergency caesarean procedure a statutory transfer time of 30 mins existed. The Ambulance Service had agreed to meet that requirement;
- The new facility would also operate 24 hours a day 7 days a week with staff having opted to work a shift pattern;
- A Panel Member noted that a previous facility on Charles Street had been closed down a number of years ago.

Resolved

That the report be noted.

128/11 Work Programme 2011/12 and Forward Plan

The Panel considered the work programme and Cabinet’s Forward Plan.

Resolved

That the work programme and Forward Plan be noted.

129/11 Date of next meeting

The Chair informed Members that the date of the next meeting would be 24 January 2012 at 6:00pm.

Termination of meeting

The meeting terminated at 7.55 p.m.

Signed:

Date: