

## **HEALTH SCRUTINY AND PERFORMANCE PANEL**

**Thursday, 28 April, 2011 at 6.00 p.m.**

**Conference Room, Council House, Walsall**

### **Panel Members Present**

Councillor Yasin (Chair)  
Councillor Woodruff (Vice-Chair)  
Councillor Creaney  
Councillor Robertson  
Councillor Sears

### **Officers present**

Karen Palmer - Head of Midwifery (Walsall Healthcare Trust)  
Peter Davis - Head of Community Care (Walsall Council)  
Michael Hurt - Dementia Care Programme Manager (Walsall Council)  
Gail Fortes-Mayer - Assistant Director, Specialised Children's Services (West Midlands Specialised Commissioning)  
Chris Capewell - Communications and Engagement Manager (West Midlands Specialised Commissioning)  
Gary Graham - Chief Executive (Dudley Walsall Mental Health Partnership Trust - DWMHT)  
Marsha Ingram - Head of Corporate Affairs (DWMHT)  
Jacky O'Sullivan - Director of Performance and Strategy (DWMHT)  
Christopher Davies - Head of Improvement and Innovation (Walsall Healthcare Trust)  
Amir Khan - Medical Director (Walsall Healthcare Trust)  
Isabelle Gillis - Consultant in Public Health Medicine (NHS Walsall)  
Sue Hartley - Acting Chief Executive (Walsall Healthcare Trust)  
Richard Haynes - Assistant Director, Communications and Involvement (NHS Walsall)  
Richard Topping - General Manager (West Midlands Ambulance Service)  
Paul Baylis – Group Station Manager – Walsall & Aldridge (West Midlands Ambulance Service)  
Tom Jackson – Hospital Ambulance Liaison Officer (West Midlands Ambulance Service)  
Adele Pearson - Regional Head of Professional Standards and Quality (West Midlands Ambulance Service)  
Nikki Gough - Scrutiny Officer

**56/11 Apologies**

Apologies were received on behalf of Councillors Thomas, Ahmed and Azam.

**57/11 Substitutions**

There were no substitutions for the duration of the meeting.

**58/11 Declarations of Interest and Party Whip**

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

**59/11 Minutes**

**Resolved**

That the minutes of the meeting that took place on 7 March, 2011, a copy having previously been circulated, be approved as a true and accurate record.

**It was agreed that Item 7 would be considered prior to Item 5.**

**60/11 Child Heart Surgery Consultation**

The Assistant Director for Specialised Children's Services explained that a review of how congenital heart services were delivered to children in England and Wales had been undertaken; the panel were being presented with options for the future, further to a request for more information at the previous meeting. The report "Paediatric Cardiac Surgery Review - Options and potential impact on Birmingham Children's Hospital", which detailed each option and potential implications for Birmingham, was tabled (annexed). Officers stated that Walsall was in an advantageous position that it was unlikely that a patient would go outside of Birmingham.

**Resolved**

**That**

The panel stated that their preferred option was Option A for the location of the specialist surgical centres in the future.

## 61/11 **Dudley Walsall Mental Health Partnership NHS Trust Service model**

This report had been circulated to the panel to consider the impact of the proposed service model (annexed).

Members were informed that the Dudley Walsall Mental Health Partnership NHS Trust had existed for 2½ years and it was an appropriate time to review services. Officers explained that there were multiple access points which could be confusing for service users. It was proposed that there would be a single access point for both primary and secondary care with referral by health professionals. The Early Access Team did a single assessment early on. It was hoped that this would create capacity in the system. The panel were also informed that the Mental Health Trust were looking for a consistent approach which included the out of hours service.

Members questioned the affect of efficiency savings on staff. Officers stated that to make savings there had to be less jobs, however, it was hoped that by having one early assessment rather than 10 – 14 as in the past, savings would be made. Waiting times were discussed and a standard of 5 days as an ideal, but the service needed to get up and running before a standard could be set. The waiting times for the crisis team were currently up to 4 hours.

The Chair asked officers for their plans for consultation on the service in the future. Officers stated that this was just one programme of change and as more change was proposed, service users would be consulted along the way.

The Head of Community Care stated that mental health staff were Council employees and officers needed to work with the Mental Health Trust to consider the impact of transformation. Officers reassured Members that the Executive Director (Social Care and Inclusion) and the Head of Vulnerable Adults sit on the Mental Health Trust Board.

A question was raised about the service model and what it meant for older adults. Officers stated that once the early access team was established, a review of older persons would be completed. It was expected that this would be in autumn.

### **Resolved**

### **That**

The panel receives updates on the service model redesign, through the Joint Committee, or to the Walsall Health Scrutiny Panel.

## 62/11 **Draft Dudley Walsall Mental Health Partnership NHS Trust Quality Accounts**

The Head of Corporate Affairs stated that quality accounts required NHS Trusts to state the improvements that they have made and to detail any proposed improvements. The format for this was prescriptive and a key element was asking scrutiny panels to provide a commentary.

The Head of Corporate Affairs presented the report to the panel (annexed). The improvement programme and priorities for the coming year were discussed. The panel were informed that there would be changes to their timetable due to the requirement for the quality account to be audited. Members asked how the Trust set its priorities. Officers stated that service users, carers and staff were involved in developing overall priorities.

#### **63/11 Draft Walsall Healthcare NHS Trust Quality Accounts**

The Acting Chief Executive for Walsall Healthcare Trust informed the panel that the permanent Chief Executive was due to start in one weeks time.

The Medical Director presented the report (annexed) and stated that the new hospital buildings provided opportunities for new pathways of care. The Healthcare Trust discussed national successes such as reflexology use by maternity services. It was hoped changes to working practices, such as close engagement with GP colleagues would lead to improved care for patients. Members were informed that patient feedback was an important part of intelligence. One of the aims of the Healthcare Trust was to increase integration and partnership working.

The panel were informed that there was pressure on hospitals across the country over the winter period; however, infections were kept to a minimum. A discussion was held on targets set for infections across the health economy.

The Head of Improvement and Innovation informed Members that the Trust was actively working with LINKs to ensure they had an input into the report.

#### **64/11 Draft West Midlands Ambulance Service Quality Accounts**

The Regional Head of Professional Standards and Quality discussed evaluation of West Midlands 2010/11 projects.

The panel were informed that projects for 2011/12 and priorities for improvement. The panel were informed that the quality dashboard was available on a monthly basis.

It was acknowledged that the timings for publishing the quality account and the municipal timetable were not complimentary, which may prohibit the panel from producing a commentary.

#### **Resolved**

#### **That**

The final quality accounts of Trusts would be circulated to Members, although a formal commentary may not be possible any comments received from members would be fed back to Trusts.

**65/11 Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall**

The Medical Director informed Members that currently a full range of vascular services was available at Sandwell, Walsall, Wolverhampton and Dudley hospitals. A review of the quality of hospitals providing vascular services highlighted that none of the centres currently meet all of the requirements. It has been proposed that hospitals in the Black Country should look at combining services. The proposal would mean that there would be one centre for all emergency work. This would improve the quality of care. However, Members were warned that other services may be interdependent. The panel were informed that an aortic aneurism screening programme for over 65's had been nationally agreed.

Officers stated that for Councils and the community that there would be an impact on where people were treated for surgery although outpatients would still be treated locally.

**Resolved**

**That**

The Health Scrutiny and Performance Panel asked to be kept informed of the progress of specialist vascular surgery services in the new Municipal Year.

**66/11 West Midlands Ambulance Service**

The Chair informed Members that the ambulance service had been asked to attend to allow the panel to consider the decision to relocate Aldridge ambulance station.

The General Manager explained that there was no change to the service or the way it was delivered, with the new site being ½ a mile away from the old one. It was emphasised that the relocation moved very quickly and timescales were tight. A response post still existed at the former ambulance site which was now owned by Morrisons. In response to Member's dissatisfaction about the lack of information, officers from West Midlands Ambulance Service apologised and emphasised that there would be no change to services.

Members asked how the new site in Aldridge had been chosen. Officers stated that the site was chosen based on retaining a site in Aldridge in close proximity to the old site, which best met the Trust's needs.

The panel were informed that at some stage in the future, the ambulance service would be considering reducing its estate, whilst retaining ambulance provision. It was emphasised that there will be no change in service.

The Head of Community Care asked for reassurance that the positioning reflected Walsall health inequalities. West Midlands Ambulance Service officers stated that the evidence was based on robust data, and ambulances were deployed dynamically against activity.

**Resolved**

**That**

The progress on the estate review is taken back to the Health Scrutiny and Performance Panel in the new Municipal Year

**67/11 Midwife Led Centre**

The Head of Midwifery stated that a lot of work had been done around community midwifery and it was not a new service. The proposal as described in the report (annexed) was to develop an off site facility for normal pregnancies under midwife care. This would provide the same service in the community and should help with capacity issues in the maternity unit at the hospital.

Members questioned how this project would be funded. Officers explained that money had been put aside and extra income had been gained from an increased number of women from Sandwell due to the maternity unit at Sandwell hospital being closed. The panel were informed that the midwife led centre would be staffed from within existing midwife staff who were all committed to the provision of a midwife led centre.

Members were informed of potential locations but it was emphasised that a decision had not been made. Also, officers stated that the unit based at the Manor hospital would remain in place for more complex births.

**Resolved**

**That**

The progress on the midwife led centre is taken back to the Health Scrutiny and Performance Panel in the new Municipal Year.

**68/11 Notice of Motion – GP consortia**

**Resolved**

**That**

It was agreed that this item should be taken forward to the next Municipal Year when there is further certainty on proposals.

**69/11 Date of Next Meeting**

It was noted that the date of the next meeting would be set at Annual Adjourned Council on 25 May, 2011 along with panel remits and membership.

**Termination of meeting**

The meeting terminated at 8.20 p.m.

Signed: .....

Date: .....