

HEALTH SCRUTINY AND PERFORMANCE PANEL

Thursday, 20 June, 2013 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor D. James (Vice-Chair)
Councillor M. Flower
Councillor E. Russell
Councillor H. Sarohi
Councillor V. Woodruff

Officers Present

Andy Rust - Head of Commissioning
John Bolton - Executive Director. Social Care and Inclusion
Nikki Gough - Committee Business and Governance Manager
Richard Kirby - Chief Executive, Walsall Healthcare Trust
Paulette Myers - Consultant in Public Health
Salma Ali - Accountable Officer, Walsall Clinical Commissioning Group
Marsha Ingram - Director of People & Corporate Development - Dudley Walsall
Mental Health Trust
Matt Bennett - Chief Executive, Healthwatch
Rupy Pandal - Healthwatch
Richard Pzybyiko - Healthwatch
Jayne Tunstall – Director of Operations, Walsall Healthcare Trust

233/13 Apologies

There were no apologies received for the duration of the meeting.

234/13 Substitutions

There were no substitutions for the duration of the meeting.

235/13 Declarations of interest and party whip

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

236/13 Local Government (Access to Information) Act, 1985 (as amended)

Resolved

That the public be excluded from the meeting during consideration of the items set out in the private agenda for the reasons set out therein and Section 100A of the Local Government Act, 1972.

237/13 Minutes

The minutes of the meeting held on 23 April, 2013 were approved as a true and accurate record.

The Chair of the Panel stated that in the coming Municipal Year he considered the following issues to be potential items for the Panel to consider:-

- A performance assessment framework for GPs
- Health and Wellbeing Strategy
- The impact on Walsall Healthcare Trust of changes at Mid Staffs
- Rapid discharge pathways
- The accident and emergency review at Walsall Healthcare Trust
- Walsall Community Health

Resolved

The minutes of the meeting held on 23 April, 2013 were approved as a true and accurate record.

The Panel agreed to receive Items 9 and 8 prior to Item 6.

239/13 Accident and Emergency at Walsall Healthcare Trust

The Chief Executive of Walsall Healthcare Trust (WHT) presented to the Panel (tabled). Members were informed that the Trust had identified the need to improve accident and emergency (A&E). Nationally, there was concern about A&E departments and their performance.

Walsall Healthcare Trusts A&E department had seen a substantial rise in activity, the people attending A&E are more ill and also the rate at which people have to be admitted was rising. The reason for the rise in this activity was not known. Patient satisfaction was in line with national satisfaction.

In order to improve A&E the following actions needed to be addressed:-

1. The size and shape of the department;
2. Location of the GP urgent care service next to A&E;
3. Workforce;
4. Improved results;

5. Day to day operations;
6. Improved ambulance turnarounds.

The Panel was informed that a short term extension of A&E was planned. A more detailed action plan was going to private Trust Board. The Chief Executive (WHT) stated that he would be happy to share this with Councillor Longhi.

The following were the principal points emerging from discussion:-

- The Trust was at full capacity, modular accommodation was being considered on the site, along with further investment outside of the hospital
- Most Trusts within the West Midlands were also at full capacity, although the pattern at other hospitals was not that more patients were admitted but that patients stayed longer
- Managing the flow of patients was a challenge, this was part of the prevention agenda, and people were being supported to go back home
- One extra middle grade Doctor had been employed to work overnight and this would be a permanent appointment
- All wards were open, there was no capacity on wards

The Accountable Officer for the CCG offered to make numbers available for usage of the Walk in Centre. The Chief Executive stated that the surge plan could come to Panel in September and an update on A&E to every second Panel meeting.

240/13 **Mortality rates in Walsall**

A Consultant in Public Health presented the report and informed Members that the report provided a summary update of the work conducted to date by Walsall CCG to investigate and address mortality rates in Walsall.

The main findings were reported as between April 2012 and March 2013, following on from this the HSMR has been below 100 for twelve consecutive months.

Members were informed of a six month pilot project to improve the quality of care in a small number of nursing homes. This involved GPs and hospital consultants working together to pro-actively review the patients in selected nursing homes. There were plans to roll this out across all nursing homes.

Officers stressed that the underlying contributory factor was that everyone had a role to play in reducing mortality rates and improving quality of care. The Independent review had given assurance that the approach was robust and the challenge was ongoing.

The Chair stated it was important to consider the issues that mattered. The Accountable Officer explained that some nursing homes were not trained to deal

with more complex care and end of life care. Members were reassured that mortality rates in Walsall were down and stable.

Resolved

The report was noted.

241/13 The Health and Social Care System in Walsall

The Head of Commissioning introduced the presentation (tabled) and stated that it was important that the system outside of the hospital worked. The Department of Health diagram was provided to the Panel as part of the presentation.

It was agreed that this would be circulated to Members electronically.

Officers reminded Members that community health services were provided by Walsall Healthcare Trust. The Walk in Centre was for people who were not able to access their GPs. Members asked to see a breakdown of GP numbers in Walsall.

242/13 Health Watch Update

The Chief Executive gave an introduction to Healthwatch and introduced the Joint Chairs. A bulletin was tabled (annexed). Members were informed that during a stakeholder event, 5 organisations, including My NHS and LiNK formed a community led consortium. Following their success in bidding to run the service an interim board had been put in place. The interim board would stand down in September and a new board would be elected at the end of September. The organisation was currently organising infrastructure, accommodation and launching their website. Members were informed of membership arrangements. The following were the principal points ensuing from the discussion:-

- The purpose of Healthwatch was a consumer organisation to make the individual as powerful as the institutions they deal with
- A work programme would be developed to ensure health services meeting peoples needs
- Officers clarified that 1/3rd of the assembly would be up for election each 12 months

Members discussed advocacy and it was clarified that it was not part of the Healthwatch remit. The advocacy service would be provided by Voiceability. The Chief Executive stated that Healthwatch would ensure that it had ownership of people it referred to Voiceability. Officers stated that there were several organisations that individuals could go to for advocacy services. The Chief Executive stated that Healthwatch would engage with area partnerships through events around the borough.

In response to questions from the Panel the Chief Executive stated that currently he felt that Healthwatch was independent from the Council. The Chief Executive agreed that there needed to be a short timescale in responding to people

requiring advocacy services. The organisation providing advocacy had been offered an outreach service from the Healthwatch office. Marsha Ingram clarified that the advocacy services provided by Voiceability were for very specific issues and not general advocacy services.

243/13 Work Programme Report 2013/14

Members considered the Work Programme report. Members suggested that the following items should be considered:-

- Report on preventative Social Care and Inclusion strategies (operating model for adults social care and inclusion)
- Audit of community services
- Community health services
- Facilities/provisions for dementia and alzheimers sufferers
- A&E plans
- Surge plan
- Accessibility community health care
- ITU/critical care services capacity
- The Care Quality Working Group is established with the following membership:-

Councillor Longhi
Councillor James
Councillor Russell

The Chair confirmed that the Panel would not be re-establishing the Joint Committee for Mental Health.

Resolved

That the following items are added to the Health Scrutiny Work Programme:-

- The operating model for adults social care and inclusion
- Community health services in Walsall
- Provision for dementia sufferers
- Performance and review of Accident and Emergency at Walsall Healthcare Trust
- Mental Health Trust Service transformation
- Impact of change at Mid Staffs Hospital
- Mortality rates
- Primary Care services in Walsall
- ITU/critical care services capacity
- SURGE plan

Resolved

That the Care Quality Working Group is re-established with the following membership:-

Councillor Longhi
Councillor James
Councillor Russell

244/13 Urgent business

Proposed Variation to Walsall CCG Constitution

The Panel were advised that this item had been taken as a late item for the following reason:-

New processes have been introduced by the Department for Health for variations to the CCG constitution. Confirmation of this was received in early June, 2013 and initial assessments indicated that the CCG did not need to submit any variations. Subsequently the CCG has identified variations that need to be made. There are only two opportunities each year for the CCG to submit any changes to NHS England. If there are any financial implications of the proposed variation these can only be submitted once a year in June. If this opportunity is missed NHS England will not be able to make any financial adjustments in time for next year's financial allocations to CCGs and this will create significant financial risks to the CCG. The CCG is required to demonstrate in its submission to NHS England that it has carried out an impact assessment and part of this requires us to seek the views of our key stakeholder's including scrutiny.

The Accountable Officer for CCG explained that the CCG was proposing that a Walsall branch would also take patients from Wolverhampton. This meant an alteration to the constitution to allow the CCG to claim all financial payments for all patients. The Accountable Officer assured Members that key stakeholders had been consulted and an impact assessment had taken place.

The Chair stated that the Panel usually were not happy to take late items, but on this occasion it would have been unhelpful to not take the report. Members confirmed that they were happy with the variation to Walsall CCG constitution.

Termination of meeting

There being no further business, the meeting terminated at 8.40 p.m.

Signed:

Date: