A T A M E E T I N G
- of the -
HEALTH SCRUTINY PANEL held at the Council House, Walsall on **Monday 5 September 2005** at 6.00 pm

PRESENT

Councillor V Woodruff – Chair
Councillor Desmond Pitt
Councillor Young
Councillor Rachel Walker
Dr Sam Ramiah – Director of Public Health
Mr Jim Weston – Patient Forum
Kath Boneham – PALS (PCT)
Mr D Martin – Executive Director Health, Social Care & Supported Housing
Kathy McAteer- Assistant Director Adults Services
Stella Forsdyke-Executive Director Of Commissioning and Performance
Pat Warner – Scrutiny Officers

APOLOGIES

Apologies for non attendance were submitted on behalf of Councillor Ian Robertson, Mrs D Russell and Dr T A Varkey.

SUBSTITUTIONS PANEL

The Chair advised the committee of the following change to the membership of the panel for the duration of this meeting:-

Delete Councillor Robertson
Substitute Councillor P Young

DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor Woodruff declared a personal non prejudicial interest as an employee of the Walsall hospital NHS Trust and Councillor D Pitt declared a personal and non prejudicial interest as an employee of the West Midlands Ambulance Service.

MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 18 August 2005 a copy having been previously circulated to each panel member be approved and signed by the chair as a correct record.

CONSULTATION DOCUMENT – PALLIATIVE CARE STRATEGY FOR WALSALL

Panel received the consultation document prepared and approved by the Walsall Teaching PCT:-
(see Annexed)

The panel welcomed Stella Forsdyke – Executive Director of Commissioning and performance who presented the document and explained to the panel the reasons behind its preparation.

Members were advised that the significant policy and practice change which had occurred over the last 9 years had instituted 2 main changes. One being the need to extend the palliative care and end of life approach from just cancer to encompass other chronic disease areas; the second being the extension of the chronic disease management approach to patients with cancer.

In Walsall there are still a number of gaps in service provision which need to be addressed. Up to 60% of terminally ill people want to die at home and although this possibility has been improved to where it is higher than the national average since 2002 there is still room for improvement.

The developments in policy and practice brought about a number of national policy documents which have changed the emphasis of palliative care for sick patients. The national cancer plan and gold standard framework are two such documents which are considered to demonstrate new models of care.

The proposal for palliative care is about reducing the number of beds in hospitals and treating patients at home or in hospices and with that in mind there was a need to develop staff and the training services. Further there was a need to improve access to 24 hour nursing services, an increase in social care provision, enhanced day hospice provision and review of nursing home provision.

Although specialist services were already provided in hospices, 6 to 12 beds were being required within a hospice for this additional care.

The gold standard framework is one of the national care plans which will be introduced within the Borough and all general practitioner services will be expected to provide this quality service. The resources necessary to enable them to do so will be provided by the Walsall PCT. If general practitioners were unwilling to provide this primary care service to end of life care then the PCT would seek the services of alternative GP's elsewhere.

In answer to a question raised, Stella confirmed that although respite care services were available in Walsall it was not adequate and the aim was to increase and improve this service to include the community element as well as hospital beds.

Kathy McAteer confirmed that this council's social care services were also responding as a service area to this consultation.

Stella confirmed that with the new multi-disciplinary approach to palliative care included social care provision as an integral part of the implementation of the gold standard framework and consideration was being given to housing the extra facilities at the Goscote Hospital site.

This was being considered as a small part of the overall provision of elderly services using the extra care housing model.

The initial plan however is for the PCT to work with hospices to provide the services required and this will involve the possible building of a hospice in Walsall which would be managed by the hospice but the lease to the building would be owned by the PCT the main restriction to this proposal to date has been raising the capital funding. Members acknowledged however that a new hospice would need to meet the needs of the population.

The panel thanked Stella for the presentation and were of the view that the broad approach by the PCT appeared to be the right approach.

Stella confirmed that the consultation process would be completed within the next two weeks and that the board would consider it on the 29 September 2005, at which time the proposals will be placed in priority order and further comments could be made by the scrutiny panel at that stage.

The panel RESOLVED:

That the broad approach being taken by the Walsall PCT appeared at this stage to be the right approach. It was further agreed that following the meeting of the PCT on 29 September the consultation document will be resubmitted to this panel for further comments.

OBESITY WORKING GROUP

The Chair asked Dr Sam Ramah to inform the Panel of the work of the Obesity working group following the last meeting of that group.

Dr Ramiah submitted a document entitled "Progress report on childhood overweight and obesity action plan"

(see Annexed)

The report set out the progress of the childhood overweight and obesity action plan which was commissioned by the joint working group of this panel and Children's scrutiny panel.

Dr Ramiah confirmed that considerable progress had been made in completing the initial task of preparing an action plan for tackling childhood overweight and obesity in Walsall. There was however a fundamental gap in good quality information about the prevalence of overweight and obesity in Walsall children. This gap he said is recognised nationally but no nationally agreed protocol for data collection has yet been agreed. At present considerable work has been done locally to agree an acceptable protocol and funds have been made available by the Teaching PCT to initiate a pilot exercise and it is hoped to implement the pilot as soon as comments and advice which is being sought from the department of health is available.

Locally a thorough review has been undertaken of the initiatives already taking place in Walsall to address these issues. Some of these initiatives conform to best practice but considerably further work remains to be done.

He further commented that the objective of this project is to ensure that local agencies, individuals and communities are fully engaged with the issues and to work in partnership to tackle the considerable challenge of turning around a rising trend. To facilitate this he said a workshop was held on 15 June organised by Mr Jeff Chandra the consultant how had been appointed to undertake this project on behalf of the working group.

He said that a full report on this extremely successful workshop has been circulated to members at this meeting and members will see that it achieves its aims of creating local impetus for addressing these issues and also for coming up with a number of ideas for future actions.

Dr Ramiah confirmed that the next steps will include a report on this work being finalised and presented to the next meeting of the joint working group and that, subject to the agreement of the working group the report will be presented to the scrutiny panel for consideration.

Dr Ramiah concluded that the indications are that although some excellent work is already being undertaken in Walsall the complexity and size of the problems will require a sustained partnership effort together with initial resources if the rising trend in overweight and obesity in children is to be halted.

The panel thanked Dr Ramiah for the presentation.

Councillor Woodruff confirmed that the initial intention of the health scrutiny panel when establishing the obesity work group was for that group to focus on obesity in Adults and on the working population in Walsall and it was hoped that following the conclusion of the current work being undertaken by the working group on childhood obesity that the working group would be able to focus on those two areas.

The panel agreed that it would be helpful if the working group prepares a project plan with a timeline with proposed actions and outcomes for the benefit of the scrutiny panel.

It was RESOLVED that:

1. The progress report submitted by Dr Ramiah on the work of the working group to-date be received and noted.

2. That the working group be requested to prepare a project plan including timelines and actions and outcomes for the issues relating to obesity in adults and the working population in Walsall together with the final document of the childhood overweight and obesity review for submission to the next meeting of the scrutiny panel following consideration at a meeting of the working group to be set up sometime in October.

<u>Commissioning a patient lead NHS – consultation document</u>

A consultation document circulated to members at this meeting from the Birmingham and Black Country Strategic Health Authority in respect of proposals relating to commissioning a patient lead NHS were submitted:-

(see Annexed)

David Martin advised the panel that the Strategic Health Authority had been directed by the chief executive of the NHS to coordinate an exercise locally to ensure that the right configuration for commissioning is established. The Strategic Health Authority was required to submit a proposal with the stakeholder comments to the department of health by 15 October 2005 at the latest. If the department of health approves the SHA's plans the SHA will consult for 12 weeks on their proposals and will formally seek the views of this scrutiny panel as part of this process. The Birmingham and Black Country SHA has consulted with the local NHS and has established a number of options. The views of the health scrutiny panel is being sought on the range of options which are currently being consulted on and also any issues which this panel feels should be considered when drawing up a final option.

These views were required in writing to the SHA by the 16 September 2005 and any comments received after 16th would be submitted to the SHA board at their meeting on 27 September verbally.

David advised the panel that although members were not in position to consider the document in detail having just received it at this meeting members could give an overview of the options set out in the document and take the document away and following further consideration of it submit further views through the scrutiny office for the submission to the SHA by 16 September.

The panel proceeded to give there views on the organisational reconfigurations being considered as set out below:-

STRATEGIC HEALTH AUTHORITIES

The panel noted that there were currently three SHA's to cover Shropshire and Staffordshire, Birmingham and the Black Country and West Midlands South. The three SHA's have a joint chief executive, David Nicholson CBE, but retain three separate boards. The consultation is based upon replacing the three SHA's with one Strategic Health Authority covering the whole of the West Midlands.

Scrutiny Panel's Views

In considering this option the panel concurred with the proposal for one Strategic Health Authority covering the West Midlands but that the geography of the West Midlands should be expanded to include other areas such as South Staffordshire. It is also the panel's views that the local focus should not be lost and that there is room within the new configuration to include both the regional service and a local one.

AMBULANCE TRUSTS

The reform of the provision of ambulance services described in "taking health care to the patient" proposed a strengthening of ambulance services within an associated reduction of at least 50% of the number of ambulance trusts whilst

broadening the range of services provided by ambulance services. The proposals within the West Midlands is that the current four ambulance services i.e. Shropshire, Staffordshire, Coventry and Warwickshire, Birmingham and the Black Country, Hereford and Worcester could be replaced by one ambulance service covering the whole of the West Midlands.

The panel's view of this issue was that there should be a bid to rationalise relationships across the West Midlands and that rationalisation would help to save money for patient care. Focus should indeed be put on strengthening patient services. There should however be a local voice for local people to enable them to put their points across.

Scrutiny Panel's View

The panel's view therefore was to concur with the proposals for one ambulance service covering the West Midlands but ensuring that there is capacity for local views to be taken into consideration.

PRIMARY CARE TRUST CONFIGURATION

The panel noted the variety of options prepared by the Birmingham and Black Country Strategic Health Authority in respect of the Primary Care Trust configuration which ranged from:-

a) The current position of one PCT within Wolverhampton, Walsall and Solihull.
b) The merger of the Rowley Regis, Tipton, Wednesbury and West Bromwich, Oldbury and Smethwick PCTs allowing one PCT covering Sandwell Local Authority area.
c) The current two PCTs of Dudley, Beacon and Castle and Dudley South linking to become one PCT for the Dudley Local Authority area.

This would mean that five PCTs would be coterminous with their local authority and social service boundaries.

The Birmingham proposal covered the maintaining of the Heart of England PCT and the South Birmingham PCT in the current boundaries but combining North Birmingham and East Birmingham PCTs. Although this would give three PCTs within the Local Authority in Birmingham it would however reflect the operation division of management for the city council and not least Social Services.

The alternative options are as follows:

a) All PCTs in Sandwell, Dudley, Walsall and Wolverhampton could merge to form one PCT for the Black Country. This could mean one PCT covering four local authority boundaries.
b) The current four PCTs of Birmingham could form one PCT this would then mean that the Birmingham PCT would be coterminous with their local authority and social service boundaries.
c) Solihull PCT would remain as present and would be coterminous with their local authority and social services boundaries.

Further alternative would be as follows:

a) All PCTs in Sandwell, Dudley, Walsall and Wolverhampton could merge to form one PCT for the Black Country.
b) The four PCTs of Birmingham and Solihull PCT could merge to form one PCT. This would mean a Birmingham and Solihull PCT covering two local authority and social services boundaries.

Scrutiny Panel's Views

In considering the variety of options set before the panel members were of the view that it was not appropriate at this stage for the panel to submit views on the options due to the lack of information in respect of the successful operation of each configuration. A number of questions were raised in relation to how some of the options would be operated and members felt that until those questions could be answered the panel were unable to submit their views on this issue. The panel were therefore of the view that further evidence should be submitted by the Strategic Health Authority on how the options were derived and why smaller clusters of PCTs had not been included.

SERVICES MANAGED AND PROVIDED BY PRIMARY CARE TRUSTS

The panel noted that the PCTs will be reducing the size and number of services which they currently provide as they focus on promoting health and commissioning services. Rather than directly providing services, arrangements will be made to secure services from a range of providers thereby bringing contestability to community based services, offering a wider variety of choices, services and responsiveness to patients needs.

Members noted that mental health and learning disability service provision forms a significant element within a number of PCTs across the West Midlands and that decisions on proposals for mental health and learning disabilities service provision will require a wider strategic view across the West Midlands.

No consultation will be undertaken on PCT managed services in 2005 but it was felt that the scrutiny panel should be aware of the issue on the horizon. More details will be available later in the year and it is envisaged that these developments will take a longer time to plan and will take up the latter part of 2008 to be implemented.

Scrutiny Panel's Views

Members noted the information and agreed that no comment could be made at the moment on this until the panel were in a position to have detailed discussions on this issue.

MANAGEMENT AND ADMINISTRATIVE COST SAVINGS

Members noted the information set out in the document presented with respect of the costs surrounding the arrangements being considered.

Scrutiny Panel's Views

The panel agreed that members will submit their comments in respect of this issue and any other issue which they had not been in the position to comment on at the meeting to Pat Warner at the scrutiny office to enable a scrutiny view to be collated and submitted to the Strategic Health Authority by 16 September.

RESOLVED

That the contents of the document be noted that the various comments set out by members at this meeting in respect of the different issues raised in the consultation document be drawn together, with any further comments to be submitted by members to Pat Warner at the scrutiny office for collation and submission to the Strategic Health Authority as this scrutiny panels view on these proposals.

There be no further business, meeting terminated at 7.30 pm.