

HEALTH SCRUTINY AND PERFORMANCE PANEL

Thursday, 21 June, 2012 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor D. James (Vice-Chair)
Councillor O. Bennett
Councillor J. Cook
Councillor E. Russell
Councillor H. Sarohi
Councillor K. Sears

Officers present

Paul Davies, Executive Director (Social Care & Inclusion)
Andy Rust, Head of Vulnerable Adults and Joint Commissioning Unit
Peter Davis, Head of Community Care (Operations)
Richard Kirby, Chief Executive (Walsall Healthcare NHS Trust)
Salma Ali, Interim Senior Responsible Officer, Walsall Clinical Commissioning Group and Director of Nursing and Quality Black Country Cluster
Dr. Narinder Sahota, Medical Director, NHS Walsall
John Batchelor, Local Health Watch Co-ordinator
Mohammed Ahmed, Senior Project Manager - Public Health Transition
Jacky O'Sullivan, Service Transformation Programme Director (Dudley and Walsall Mental Health Trust)
Matt Underhill, Scrutiny Officer

167/12 Apologies

Apologies were received for the duration of the meeting from Councillors Flower and Woodruff.

168/12 Substitutions

Councillor Sears substituted for Councillor Flower and Councillor Cook substituted for Councillor Woodruff.

169/12 Declarations of interest and party whip

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

170/12 Minutes

The minutes of the previous meeting were noted.

Resolved

That the minutes of the meeting held on 24 April, 2012, copies having previously been circulated be approved as a true and accurate record.

171/12 Hospital Mortality: Update and Action Plan

The Chair explained that the Panel had initially begun to consider hospital mortality rates in Walsall following the outcome of work undertaken by Dr. Foster, the organisation that provides comparative information on health and social care services, into the failures at Mid-Staffordshire Hospital. He explained that the Panel was determined to ensure that something similar did not happen in Walsall.

The Chief Executive, Walsall Healthcare NHS Trust explained that the hospital undertakes tracking of mortality rates in three ways. The Standardised Hospital Mortality Rate (SHMI) is produced quarterly by the Department of Health and covers a rolling 12 month period and includes deaths in hospital and within 30 days of discharge, the Hospital Standardised Mortality Rate (HSMR) was produced monthly by Dr. Foster and covers deaths in hospital. He explained that both of these rates were calculated using complex national formulae which were sensitive to the individual coding of the hospital, therefore, to ensure that the hospital is undertaking effective monitoring, the absolute number of deaths and crude mortality rate is also monitored. At present the SHMI mortality rate was 109 which was above the level that would be expected based on the size and type of hospital. However, the hospital had received guidance that this was within the acceptable range. In relation to HSMR there were 39 fewer deaths in

2011/12 compared to 2010/11, while indicative data for the first quarter 2012 suggested a further fall in the number of hospital deaths. He acknowledged the importance of ensuring that the hospital improved its absolute performance in relation to mortality rates rather than simply improving in line with the national indexed position as a consequence of all hospitals improving

The Chief Executive, Walsall Healthcare NHS Trust, noted that the Trust are particularly affected by mortality rates for serious respiratory conditions. He explained that higher than average rates of chronic respiratory conditions in the local population may be a factor. He further explained that HSMR and SHMI are driven by a number of factors, including the age, gender and underlying medical condition of the patients admitted to hospital. It was apparent that poor underlying health in many parts of the Borough, together with a higher number of deaths (81%) occur in hospital in Walsall than in patients own homes or nursing homes (19%) compared with the national average of around 70% of deaths occurring in hospital. This has prompted work looking at the provision of palliative care, hospice care and support for patients within care home settings with local partners, including the Council and Walsall CCG to reduce hospital admissions where this is not the most appropriate form of end of life care. Following a Panel query it was explained that it would be important to continue to develop good community based support services, for example, continuing to work closely with G.P.s.

The Trust has taken a number of steps to ensure that patients receive the best possible care, including a consultant led review of every death that occurs in the hospital, to understand what happened and if anything could have been done to produce a different outcome. Other action includes improving palliative and end of life care by providing specialist support in the hospital seven days a week. Further planned work includes commissioning expert advice from a British Thoracic Society senior clinician to ensure that the Trust's respiratory services are based on best practice. He explained that while it was the view of the Trust that the mortality rate was continuing to improve it was not complacent and would continue to develop the right plan for tackling this issue.

The Interim Senior Responsible Officer, Walsall Clinical Commissioning Group (CCG) and Director of Nursing and Quality Black Country Cluster and the Medical Director, NHS Walsall explained that as commissioners they continued to seek to understand how the hospital was addressing the mortality rate, while also considering best practice elsewhere. In response to a Panel query regarding local capacity to continue making the improvement to services at the hospital given the challenging funding position, it was explained that the mortality rate was a key priority for the CCG. This included continuing with effective partnership working to improve the quality of nursing home and palliative care as one approach to reducing hospital admissions. It was intended to continue to work with all the CCG's health care providers and the Local Authority. In addition, the Joint Strategic Needs Assessment (JSNA) would be used to help shape local health and wellbeing priorities for all local health partners and would assist in identifying those health inequalities that existed in Walsall. The Chief Executive, Walsall Healthcare NHS Trust, explained that the Trust would be seeking to identify the cohort of hospital patients who were admitted up to six times annually and were trapped in a cycle of poor health to hospital admission and discharge as a result of poor living conditions and/or poor nutrition.

The Head of the Vulnerable Adults and Joint Commissioning Unit explained that the Public Health transfer to the Local Authority was underway. He explained that this was an opportunity to integrate the work being undertaken by the two organisations across a range of services, including libraries and leisure services. He also highlighted the importance of end of life strategies and palliative care and suggested that these be further considered by the Panel at its next meeting.

The Chair explained that it would be important to be mindful of the impact that any potential review of the way in which statistical rates are assessed nationally can change resulting in significant improvement or deterioration in performance. It was, therefore, necessary to be cautious regarding the Trust's mortality rates. In spite of the improvement in the mortality rate, the Chair expressed concern that it remained too high and that it had been at this level for a sustained period of time. It would, therefore, be important to provide local residents with reassurance that the mortality rate was accurate and the action taken to address it was appropriate.

It was agreed that the CCG would produce a report which would consider the mortality rate and the work being undertaken by the Trust and other local health partners to tackle it. The Chair would meet with senior Council officers to determine who would provide the independent leadership of the report. The final report would be made available to all Walsall Council Members, all stakeholders and health partners. In addition, a number of future Panel meetings would be held at both the hospital and St. Giles Hospice.

Resolved

- (1) It was agreed that the Panel would receive a report which would provide an independent analysis of the mortality rate at Manor Hospital and the work being undertaken by Walsall Healthcare NHS Trust to address it. The report will also consider the impact of health inequalities within the Borough, as well as the provision of community-based support services;
- (2) It was agreed that the Panel would receive the terms of reference for the report at its next meeting on 24 July, together with a timescale for its completion and presentation at a future Panel meeting;
- (3) Panel Members would be provided with the opportunity to visit related health care services with Panel meetings to be held at the hospital and St. Giles Hospice;
- (4) It was agreed that the Panel would receive guidance in relation to end of life strategies;

and;
- (5) That the report be noted.

172/12 **Work Programme 2012/13**

The Chair introduced the item explaining that it was intended to consider potential work programme items for the year ahead.

Public Health Transfer to Local Authority (April, 2013)

The Senior Project Manager - Public Health Transition introduced the item. He explained that following the introduction of the Health and Social Care Act, the Council was now in the process of transferring Public Health services. Current action includes devising a programme of work incorporating understanding current Public Health workstreams and the existing workforce and how these might be imbedded into and complement existing Council services. It was also explained that the JSNA would be used to assist in developing the Council's role in supporting strong levels of both health and wellbeing in Walsall. However, the transfer is challenging as further guidance is frequently being issued and the Strategic Health Authority is also participating in the process. Following a Panel query, it was confirmed that the Council has been allocated £13m to plan, provide and deliver Public Health services in the Borough. It was also agreed that the Panel would receive a further report regarding the staffing costs for those transferring from Public Health and the existing contracts for external providers for which the Council will have management responsibility.

Resolved

(1) That the Panel will receive further updates on the transfer of Public Health to the Council, including in relation to staffing costs and existing external contracts;

and;

(2) That the report be noted.

Dudley and Walsall Mental Health NHS Trust - Service Transformation Programme

The Service Transformation Programme Director (Dudley and Walsall Mental Health Trust) introduced the item. It was explained that the Trust was in the second year of service transformation. It was proposed to bring further updates to the Panel in September and the following March. A Member requested further guidance regarding those programmes aimed at addressing mental health issues in the community for older people and the contribution of the Mental Health Trust to tackling it. It was explained that the service transformation was largely focused on adult care services at the moment. However, the Memory Service is a key element of dementia care. A further Panel Member wanted to understand the impact of the economic climate on the mental health of single men and the effectiveness of mental health services provided. She also requested similar information in relation to war veterans. It was agreed that the Panel would receive public health information regarding the recession and affects on mental health prevalence. The Trust would supplement this with information about its primary care services activity and outcomes.

Resolved

- (1) That the Panel receive a report relating to the number of men within the Borough who are likely to be suffering from mental health issues as a result of the current economic climate, as well as war veterans with similar health issues and the type and effectiveness of the services that are available at its November meeting;
- (2) Receive guidance regarding mental health services for older people;
and;
- (3) That the report be noted.

HealthWatch

The Local HealthWatch Co-ordinator introduced the report (annexed). He explained that following the passing of The Health and Social Care Act into law the Council has a statutory duty to provide a local HealthWatch organisation and an NHS Complaints Advocacy Service. It was explained that HealthWatch would undertake all functions previously managed by Local Involvement Network (LINK) and would also undertake all sign-posting of services activities previously managed by PCT Patient Advice Liaison Service (PALS). The Council is required to commission a local HealthWatch organisation which will be an independent body and which will take over from the LINK. In addition, the budget for the Regional Complaints Advocacy Service has been divided between the individual Local Authorities. It was explained that the Council is now preparing a questionnaire to enable local health service users to help shape the format of services provided locally. This process would be completed during the summer. It was agreed that the Panel would receive guidance regarding the tender specification for the host organisation at either its September or November meeting.

Resolved

- (1) That the Panel will continue to receive updates on the implementation of HealthWatch, together with guidance regarding the tender specification for the host organisation;

and;
- (2) That the report be noted.

It was also agreed that the Chair would meet with senior officers to determine which of the items from the previous year should be retained and any further additional items that should be included. The Panel would then be able to consider these at its next meeting.

Resolved

(1) That the items identified form part of the Panel's work programme, together with those items to be agreed by the Chair prior to the next meeting;

and;

(2) That the Forward Plan be noted.

Joint Overview and Scrutiny Committee for Dudley and Walsall Councils

Resolved

It was agreed that Councillors Longhi, Flower and Woodruff be appointed to the Joint Committee.

Community Services and Environment Scrutiny and Performance Panel - invitation to participate in the School Catering Working Group

Resolved

It was agreed that Councillor Russell would represent the Panel on the Working Group.

173/12 Date of next meeting

The Chair informed Members that the date of the next meeting would be 24 July 2012 at 6:00 p.m.

Termination of meeting

The meeting terminated at 7.31 p.m.

Signed:

Date: