

HEALTH SCRUTINY AND PERFORMANCE PANEL

4 January 2010 at 6 p.m.

Panel Members present

Councillor Ault
Councillor Creaney
Councillor Robertson
Councillor Nazir
Councillor Paul
Councillor Woodruff

Officers present

Margaret Willcox – Assistant Director Adults Services
Steph Simcox - Service Finance Manager
Lloyd Haynes - Accountant
Professor Ramaiah - Deputy Chief Executive of NHS
Walsall
Michael Hurt – Dementia Care Programme Manager
Robert Mackie - Director of Resources & Performance,
NHS Walsall
Peter Murtagh - Director of Commissioning WMAS
Mark Docherty – Assistant Director Ambulance
Commissioning
Nikki Ehlen – Scrutiny Officer

4809 APOLOGIES

Apologies for non-attendance were submitted on behalf of Councillors Carpenter and Aftab.

49/09 SUBSTITUTIONS

There were no substitution(s) for the duration of this meeting.

50/09 DECLARATIONS OF INTEREST AND PARTY WHIP

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

51/09 MINUTES OF PREVIOUS MEETING

Resolved

That the minutes of the meeting held on 23 November 2009, copies having previously been circulated, be approved as a true and accurate record.

52/09 LIGHTFOOT REPORT (WMAS)

Peter Murtagh and Mark Docherty presented the Lightfoot report to the panel (annexed) was an independent review into the West Midlands Ambulance Service. The national problem of not hitting standards due to demand for the service was discussed.

Below were the principal points emerging from discussion; -

- Paramedics were a fantastic asset
- Behaviour change of the population was needed to ensure people knew where to contact
- When attempting to reduce demand, often demand is actually increased
- Telemedicine is technically possible but had its limitations as it was 2 dimensional without the ability to touch, smell, or feel.
- The '111' telephone service for non-emergency calls was being piloted in the North-East and this should be beneficial in helping to get people to the right service
- People were using the ambulance service differently more recently, with the 20-29 age group using the service twice as much as they were 10 years ago. Although this group were not anymore unwell than they were 10 years ago. Indicating this was a cultural change. It was noted that it did not appear that this was alcohol related.
- The 80 plus age group was also using the service more.
- A major piece of work was under way, part of this was ensuring that best practice was shared
- At certain times of the year the ambulance service was under great pressure due to alcohol related calls such as New Years Eve. To alleviate this, the ambulance service had supported local temporary medical centres at hot spots.
- The operating system in place in Staffordshire was recognised as good practice and would be used in the rest of the region

Officers were thanked for their presentation and asked to come back to update the panel in 3 months and to consider what the Health Scrutiny panel could do to help the service.

53/09 NHS WALSALL ANNUAL REPORT AND BUDGET DISCUSSION

Robert Mackie presented the finance strategy (annexed). Members were informed that the biggest spend was on general acute services. The finance plan was based on the best available information but it was stated that the situation could change over 3, 6, 9 months. NHS Walsall worked closely with the Manor Hospital. A key point was that the NHS was nationally delivering a surplus and was expected to plan to commit 98% of resource.

Below were principal points emerging from discussion; -

- The new services provided at the hospital had been incorporated into the plan and the relationship with the hospital was paramount to the plan being credible
- The surplus for NHS Walsall was a planned position
- There was an increased demand for the health service and technology had improved

- NHS Walsall was in a reasonably positive financial position
- NHS Walsall had worked in conjunction with the local authority

54/09 FUTURE ACCESS TO PRIMARY MEDICAL CARE FOR MOSSLEY AND DUDLEY FIELDS COMMUNITIES

The panel were informed that the consultation document was being withdrawn and this item would now be brought to the panel in March 2010.

55/09 HEALTH INEQUALITIES ACTION PLAN

Members were informed that officers were still working on the health inequalities action plan and reassured members that they would still be able to have an input into the priority setting element of the action plan at their March meeting.

56/09 DEMENTIA STRATEGY

Michael Hurt played a short film about dementia to the panel. The panel received a presentation (annexed) on dementia. Members were informed that in order to improve care for patients with dementia the focus needed to shift from prevention rather than responding to crisis.

The services offered by housing 21 were discussed which has allowed work to be linked with services at Goscote Hospital site.

Members were informed that the Council had been visited by the Strategic Health Authority (SHA) who were impressed with the work done by Walsall. It was explained that technological advances had meant that more equipment was available to allow people to live at home in a safe environment. Social workers would be trained to ensure they knew how to use it. Although to enable its use, patients needed to have received a diagnosis. The training of contracted staff was discussed and officers stated that this would need to be a consideration in contract specifications. Members discussed the need to get people to go to their doctors to identify the problem and the use of the First Stop Shop was suggested.

Regular updates on this item were requested.

57/09 DATE OF NEXT MEETING

The date of the next meeting was confirmed as 15 March 2010.

The meeting terminated at 8.10pm.

Chair:

Date: