

HEALTH SCRUTINY AND PERFORMANCE PANEL

9 FEBRUARY 2010 AT 6PM

Panel Members Present Councillor C Ault (Chair)
Councillor V Woodruff (Vice-Chair)
Councillor R Carpenter
Councillor I Robertson
Councillor K Aftab
Councillor Mushtaq

Portfolio Holders Present Councillor B McCracken – Social Care and Health

Officers Present Margaret Willcox – Assistant Director Adults Services

Sue James - Chief Executive of Walsall Hospitals NHS Trust

Denise McLellan - Denise McLellan Chief Executive of NHS Walsall

Rabina Ayaz – Lead for Infants and Children, NHS Walsall
Dr Uma Viswanathan – Locum Consultant Public Health NHS Walsall
Nikki Ehlen – Scrutiny Officer

58/09 APOLOGIES

Apologies were received on behalf of Councillor A Paul, Kieran Larkin and Professor Sam Ramaiah.

59/09 SUBSTITUTIONS

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

60/09 DECLARATIONS OF INTEREST AND PARTY WHIP

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

61/09 MINUTES

RESOLVED:

That the minutes of the meeting held on 4 January 2010, copies having previously circulated, be approved as a true and accurate record.

62/09 Integrated Care Strategy

Members considered the Integrated Care Strategy presented by the Chief Executive of the Manor Hospital and the Chief Executive of NHS Walsall.

Principal points emerging from discussion were:-

- Integrated Care was to be delivered in the context of the Manor Hospitals long term financial plan
- The recession has had an impact on the savings that organisations were able to make
- The demographic make up of Walsall placed increased demand on Trusts
- The numbers of over 85s in Walsall was predicted to increase by 50% 2007-2018
- Urgent assessments will be completed for a patient who would normally be admitted to hospital to determine the best service for them
- Care at home will be promoted with the development of 'remote systems'. This should also assist in reducing the length of hospital stay for a patient
- Members were informed of the hospital at home method, where children are able to stay at home with their parents to receive care, it was reported that this was very successful
- Respite care was suggested for patients who had a long length of hospital stay but officers suggested that many of the patients were too ill for this type of care
- Media coverage of modernisation of services was said to be negative and members suggested that this needed to be improved to reassure the public. Officers wished to work with the Health Scrutiny and Performance Panel to promote this message.
- A need for training for staff in nursing homes was discussed to ensure that residents who were at the end of their life were given the best and most appropriate care
- The opportunity for meaningful partnership working with the potential to make a difference was noted, and the success of this was attributable to the people involved and the cooperation of organisations

The Chief Executive of NHS Walsall informed members that Department of Health had produced guidance on transforming community services, which indicated that PCTs should move towards becoming commissioning bodies. It was emphasised that the Health Scrutiny and Performance Panel would be given the opportunity to discuss this in the future.

Members stated that dementia was an issue of concern for the panel and staff

should be trained on how best to treat patients with dementia. The Chief Executive of the Manor Hospital stated that nurses were getting training in this area, and the Hospital were working on the issue.

63/09 Perinatal and infant mortality strategy

Members received an update on perinatal and infant mortality rates, and work being completed to reduce the rates.

Principal points emerging from discussion were; -

- Rates were moving in the right direction although there was still some way to go
- Robust performance management systems were in place
- Members challenged whether a quarterly meeting of the infant mortality executive steering group was adequate. Officers stated that this group dealt with high level actions and it was considered effective
- Officers clarified that perinatal is defined as from 24 weeks of pregnancy to 7 days following delivery
- Support was targeted to vulnerable families who had been identified as being at risk
- In the future the Manor Hospital would be exploring whether, with its new facilities, it could increase the number of Sandwell mothers who choose to deliver their babies in Walsall
- Support was targeted at teenage mothers with the aim of reducing pregnancies in under 18s, through raising aspirations.
- Consultations and work with the community and religious leaders is under way, to discuss further what we mean by recessive disorders and who is at increased risk.

More information on the evaluation of the BME shared leadership project was requested once complete along with a breakdown of infant mortality by BME group.

64/09 Manor Hospital strategic issues (PFI and Foundation Trust Status)

The Chief Executive of the Manor Hospital gave a presentation on 'strategic issues facing the Trust in 2010' (annexed).

Members were informed that 'medium sized' hospitals were under increasing pressure to remain viable and to do so, it was important that the hospital and PCT worked together to be as efficient as possible. The panel were informed that the Manor hospital was an innovative hospital which had won many awards for its use of technology. Also Birmingham Children's Hospital would be performing some of its work at the Manor Hospital.

The panel were informed of improvements in the staff survey results and were conducting a staff engagement campaign which focused on staff at ward and departmental level.

The panel were informed that Foundation Trust status would not be happening in the next 12 months and Private Finance Initiative (PFI) was the priority for the hospital. As was ensuring that the current services were of a

good standard whilst the new build was taking place.

65/09 Work Programme

The work programme was noted.

RESOLVED:

That:

- 1.** More information on the evaluation of the BME shared leadership project (perinatal and infant mortality) was requested by the panel once complete
- 2.** A breakdown of infant mortality by BME group is sent to members outside of panel meetings.