



Annual report of the Health Scrutiny Panel 2007/08



Walsall Council

Forward

Insert forward from Cllr Woodruff

Members of the Health Scrutiny Panel (Health, Social Care and Inclusion Scrutiny and Performance Panel)

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Councillor Paul
Councillor Robertson

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1. Introduction

The Health, Social Care and Inclusion Scrutiny and Performance Panel has the power to scrutinise health issues in its remit within the council's constitution; however it established the Health Scrutiny Panel for the municipal year 2007/08 with full delegated powers to consider all matters relating to the health service. Membership was agreed as follows:

Elected members

Councillor V Woodruff (Chair)

Councillor A Paul (Vice Chair)

Councillor I Robertson

Councillor C Micklewright

Other core members

Director of Public Health (permanent advisor) – Dr Sam Ramiah

Executive Director – Social Care and Supported Housing – Dave Martin

Representatives from Patients forum – Jim Weston

Representatives from PALS (NHS and tPCT) – Mrs D. Russell / Cath Boneham (NHS) and Ms Louise Mabley (tPCT)

Adhoc Members

Local Medical Committee, Dr. Desai

The Walsall Hospital NHS Trust – Sue James

The Director of Health Social Care (tPCT) – Mrs T.Mingay

2. Context

In relation to health, the overview and scrutiny role is broadened to enable overview and scrutiny committees to call the NHS to account on behalf of local communities. Guidance for NHS bodies about how to fulfil their duty to involve patients and the public requires them to take account of feedback from Overview and Scrutiny Committees.

The Health and Social Care Act 2001 introduced the concept of local authority overview and scrutiny of health and placed requirements on NHS bodies to provide information about services, to attend meetings and answer questions and to consult overview and scrutiny committees about substantial variations or developments of health services within their areas.

Local authorities with social services responsibilities are required to have an overview and scrutiny committee that can undertake scrutiny

reviews of health issues and decide whether to respond to consultations by NHS bodies on substantial variations¹ or developments to services.

The aims of health scrutiny are to identify whether:

- Health and health services reflect the views and aspirations of local communities
- All sections of local communities have equal access to services
- All sections of local communities have equal chance of successful outcomes from services
- Proposals for substantial service change are reasonable.

Legislation and guidance does not prescribe how health scrutiny should be implemented but does provide overview and scrutiny committees with specific powers and places duties on NHS bodies.

Powers of Health Overview and Scrutiny Committees

Under part 7 of the Health and Social Care Act 2001 Health Overview and Scrutiny Committees have the following powers:

- Review and scrutinise any matter relating to the planning, provision and operation of health services in the area of the overview and scrutiny committees local authority or provided for residents outside the area
- Make reports and recommendations to NHS bodies and its local authority executive on any matter reviewed or scrutinised
- Require the attendance of an officer of an NHS body to answer questions and provide explanations relating to the planning, provision and operation of health services in the area of the local authority or provided for residents outside of the area
- Require an NHS body to provide information relating to the planning, provision and operation of health services, subject to exemptions outlined in the Health and Social Care Act 2001
- Establish joint committees with other local authorities to undertake overview and scrutiny of health services
- Delegate the health scrutiny function to another local authority overview and scrutiny committee
- Co-opt non executive members of district councils as full members
- Report to the secretary of state or 'Monitor' where the overview and scrutiny committee:
 - Is concerned that consultation on substantial variations or developments of services has been inadequate
 - Considers that proposals are not in the interests of the health service

¹ There is no definition of what is 'substantial'; it is for the health scrutiny panel to decide what is a 'substantial' change, they should reach an understanding with the NHS body.

The Healthcare Commission inspects and assesses health services in England to see if they are providing high-quality healthcare. An annual health check measures whether Trusts have met core standards over the year to 31 March. It will also look at plans they have to improve performance in the following 12 months. The health check is an assessment of whether organisations are providing a good standard of care across a wide range of areas. The intelligence and evidence that health scrutiny committees collect in their work informs the healthcare commission's assessment, through a 'third party commentary'.

3. Summary of Evidence Considered

Since its establishment, the Health Scrutiny Panel has considered a variety of evidence in order to fulfil its requirement to scrutinise health issues and decide whether to respond to consultations.

3.1 Future Configuration of Mental Health Services in Walsall and Dudley

3.1.2 Issue

Mental health services are currently provided by integrated Council and PCT Services in the Borough areas of Dudley, Walsall and Wolverhampton and by the Sandwell Mental Health NHS and Social Care Trust for people resident in Sandwell.

In January 2005, senior officers from the Black Country PCT's, local authorities and the Sandwell Mental Health Care Trust formed a Project Board to review the current configuration of mental health services. The creation of a single mental health trust providing specialised mental health care was recommended by the Project Board, but both Wolverhampton and later Sandwell opted not to join. The Boroughs of Dudley and Walsall then agreed to further explore the option of a single mental health partnership trust.

The proposal was to bring together these services into a Dudley-Walsall NHS Partnership Trust by April 2008. This proposal was supported as the preferred option by senior officers in the Local Authorities and PCTs in Walsall and Dudley.

The Secretary of State issued a direction about joint health overview and scrutiny committees in July 2003 relating to consultations by NHS bodies, where people from more than one local authority area may be affected by proposed variations or developments to NHS Services. Those health overview and scrutiny committees that consider proposals to be substantial must form a statutory joint overview and scrutiny committee to deal with the consultation and to respond on behalf of their communities.

The Health Scrutiny Panel in Walsall received reports at each panel meeting on the future configuration of mental health services in Dudley

and Walsall. The proposal to create a Dudley-Walsall NHS Partnership Trust was considered to be a 'substantial' variation by the Health Scrutiny Panel in Walsall on 6 November 2007. The establishment of a Joint Overview and Scrutiny Committee between Walsall and Dudley and its terms of reference (Appendix A) was agreed by the Health and Adult Social Care Select Committee in Dudley on 22 November 2007 and the Health, Social Care and Inclusion Scrutiny and Performance Panel in Walsall on 13 November 2007.

Options for the future of mental health services in Dudley and Walsall was subject to a public consultation, which took place for 13 weeks, commencing on 26 September 2007. A consultation document – 'A Better Idea' – is attached to this report (Appendix B). The joint committee met on 11 December 2007 to respond to this consultation.

3.1.3 Findings

Social Care in Mental Health services is the responsibility of the Councils in the Boroughs concerned. Approval of the Cabinet in each Council would be required for Social Care services to become part of the new Partnership Trust, including arrangements for the secondment or transfer of staff. In September 2007, the Strategic Health Authority (SHA) approved the outline business case for the new Mental Health Trust.

On 11 December 2007, at the joint meeting of Dudley and Walsall Health Scrutiny Panels, the Joint Committee considered the consultation document 'A better idea' and the reconfiguration business case prepared by the Walsall/Dudley Mental Health Partnership. To support this documentation a presentation was given by the interim Chief Executive and Project Lead.

It was suggested that a larger partnership trust would be financially stronger than separate Borough organisations, would deliver economies of scale and would be better equipped to take forward significant improvements in mental health services, in particular specialist services, whilst still being local enough to offer people services close to home.

Members were reassured that the partnership trust would provide all current mainstream health and social care services for mental health in Dudley and Walsall – primary care, community mental health, social work, day care, therapies and care in hospital.

The Joint Committee agreed with the proposal to create a single NHS Mental Trust for Dudley and Walsall. From the evidence presented to the Committee, it appeared that the proposals offered an opportunity to improve the level of service provision through further development of specialist care, skills, enhanced knowledge and opportunity for greater autonomy. The proposals would allow the Trust to apply for Foundation Status enabling it to develop greater freedoms. This would also reduce

the likelihood of the acquisition of current services by another Trust which would otherwise inhibit the contribution of local involvement in shaping services. A joint response was agreed and submitted (Appendix C), and on 25 January 2008 a response was received from the Walsall and Dudley PCT Chief Executives (Appendix D).

At the Health Scrutiny Panel on 31 January 2008 members were informed that the SHA had given their support for proposal and it was with the Secretary of State for his decision.

3.2 Future Provision of Community Health Services

3.2.1 Issue

On 19 July 2007 the panel were advised that the tPCT were proposing that it became a commissioning body, which fitted in with the direction of travel for PCTs, and the SHA considered it to be a positive direction of work.

3.2.2 Findings

An external facilitation group found that staff considered the most important factor in the future provision of services to be that the quality improved. Members were informed that options needed to be further considered.

Members were informed that this would be subject to public consultation.

Insert any findings and recommendations from the discussion of this item at the panel on 7 March 2008

3.3. Hospital Discharges

3.3.1 Issue

Members were informed about the 'Discharge from Day One' programme which planned to increase the number of safe discharges, decrease a patient's length of stay in hospital and improve patient satisfaction and treatment.

3.3.2 Findings

The impact of the improved process has created an increase in patient referrals which had offset the reduction of inappropriate referrals. In order to process the additional referrals two temporary social workers had been employed. It was noted that one third of the hospital social care team had been lost compared to the original proposal to delete the entire team.

The Panel expressed concern at social worker shortage at the hospital given that a number of posts were deleted this year and especially as the budget reductions had gone ahead against the Health, Social Care and Inclusion Scrutiny Panel's recommendations. The Panel were further concerned by the employment of agency staff and the additional cost this created.

Current hospital questionnaires did not cover the discharge process as patients would not have been discharged at the time questionnaires regarding their stay were issued. Therefore a way of asserting the views of patients was required. The PALS were noted as a potential group to assist in this process. The return rate of questionnaires was high.

The target to reduce the number of overall beds at the hospital would be created by a reduction in bedtime for patients. Current figures showed lengths of stay for general and geriatric patients as 6.7 and 9.1 days respectively. This could be improved by holding patients in hospital no longer than necessary. This may require an increase in social care services within the community.

Members were informed that often relatives of patients complained that their family members were not receiving the right amount of care they thought they needed. This was often an issue of perception rather than genuine cases of unsafe discharge. In the current climate of MRSA and other superbugs hospitals were not always the best place for patients to receive treatment. In addition to this a patients overall recovery was increased by shorter stays in hospital.

The tPCT would rearrange resources to fund growth areas created by the improved hospital treatment of patients. This would affect patients but only positively.

Patients were now assessed using a method known as 'Streaming' rather than 'Triage', which involved the assessment of patients by a wide range of doctors in a short time period upon their arrival at hospital.

Improved hospital discharges were expected to impact on the council's aids and adaptations service. The major risk of delayed discharge is when a patient with a high level of need would require major adaptations to take place to their place of residence. This may sometimes include the building of a new extension. It was confirmed that patients waiting for discharge from hospital are a high priority for work to be completed.

As it takes time to plan and deliver major adaptations, patients who could not return home would be encouraged to move into respite care, however, not all patients wanted to do this.

At a subsequent meeting on 31 January 2008, the panel were informed that there had been a 20 – 30% increase in the number of social care assessments that had been required. In part this was because better processes were in place for identifying individuals requiring social care. In the future the Hospital social care team and the tPCT discharge liaison team would be fully integrated into a 24 hour service.

3.4 Private Finance Initiative (PFI) at the Manor Hospital

3.4.1 Issue

Under PFIs, a private company fund the redevelopment of hospital projects and the Hospital pays off the cost over a 20 to 30-year period. Skanska Innisfree were evaluated as the preferred bidder to complete the project at Walsall hospital. The contract has been signed and funded, it is planned that new facilities will be handed over in 2010. In the period running up to this, the hospital will need to ensure that services are as modern and streamlined as possible.

3.4.2 Findings

At its meeting on 31 January 2008, the panel were informed that the hospital is currently a high achieving Trust, with every patient receiving treatment within 18 weeks of referral and these times were the shortest in the West Midlands. Also as a result of the new modular blocks, staff morale had increased as the buildings were an improvement on those previously used. In the whole year there had only been two cases of MRSA and the hospital were proud of the reduction in the number of C-diff cases.

As a result of the PFI, the Manor Hospital would have a mortgage of £12 million a year. In terms of foundation trust status for the Manor hospital, 'Monitor' – the regulator of NHS foundation trusts, had concerns about the 34 year mortgage that the PFI bought with it, but the hospital was working to demonstrate that this was affordable. If the Hospital could not meet the £12 million mortgage a year, the Hospital could be at risk of being taken over by another Trust. The panel were reassured that the hospital were financially healthy. In order to be in financial surplus and meet the mortgage repayments the hospital will be:

- Reducing length of stay to close unnecessary beds, or use them to bring in new income
- Streamline the workforce to reduce staff costs
- Eradication of waste to improve quality of services and reduce costs

The panel requested that the Health Scrutiny Panel receives regular updates on the PFI in the future.

3.5 Performance information from West Midlands Ambulance Service (WMAS)

3.5.1 Issue

The ambulance service aims to respond to 75% of category A calls within eight minutes or less. Members were informed that in a compact area like Walsall, the ambulance service would expect to respond to 78% of category A calls within eight minutes or less.

3.5.2 Findings

In 2006/07 the Ambulance Trust responded to 75% of category A calls within eight minutes or less; however during November/December 2007 the Ambulance Service did not achieve this level of performance within Walsall. The reasons given for this were;

- 20% increased demand (which had not continued into January)
- Severe problems with ambulance turnaround at hospital trusts

Although, Members were reassured that higher levels of performance resumed in January 2008. The panel were informed that the service worked closely with the Manor Hospital and they worked very well together.

At its meeting on 31 January 2008, West Midlands Ambulance Service response times for the postcode 'WS8' were highlighted due to low levels of performance April – December 2007 (Appendix E). The panel expressed concern that the ambulance service had consistently failed to meet targets in the postcode of WS8 and had not put remedial action in place sooner. To rectify this situation the introduction of response cars in this area would improve response times, which would be operational within 2 – 3 weeks, and would be a 24 hour facility in areas of predicted activity. Also that it had taken time to gain more financial support from commissioners to increase resources as the arrangement between the ambulance service and commissioners was unusual in that there was no recognition of volume or targets, and that this was a historical position.

In the future the Health Scrutiny Panel considered the further advancement the skills of ambulance staff to allow the treatment of patients at home to be an important way to improve the service. Although the panel noted that there was not any resource allocated for this purpose.

A letter was sent to Peter Arch at the tPCT to raise the issue of how the ambulance service is commissioned, and to highlight that the further advancement of the skills of ambulance staff as being integral to improving the healthcare services through the treatment of patients at home (Appendix F).

3.6 Performance information from Manor Hospital

3.6.1 Issue

Members requested information on how the hospital was performing to inform the third party commentary that the panel would be providing to the healthcare commission. The panel have received information on complaints to the hospital plus MRSA and C-diff figures.

3.6.2 Findings

The panel found that the hospital had very low rates of MRSA, and this was due to the infection control measures implemented at the hospital. To deal with MRSA, C-diff and other hospital acquired infections an outbreak committee had been set up to implement successful initiatives. Members were informed that the standard treatment for C-diff was a dedicated control unit with very high standards of care.

The panel found that the Manor Hospital was used as a role model nationally for its infection control measures. The Patients Forum representative gave evidence to the panel that the hospital was vigilant in its cleanliness.

The panel found that most complaints were received in relation to poor attitude and communication from staff. Members also found that there had not been a significant increase in complaints about car parking from patients but that this was an area of concern for staff.

3.7 Performance information from tPCT

3.7.1 Issue

Members requested information on how the tPCT was performing to inform the third party commentary that the panel would be providing to the healthcare commission. The panel have received information on complaints to the tPCT.

3.7.2 Findings

Members found that a large number of complaints were received about care and treatment, and it was likely that a large number of these complaints were about chiropody, but that significant actions were in place to address this.

4. Recommendations

- The Health Scrutiny Panel continues to receive information on the progress of the Dudley-Walsall partnership Trust in the 2008/09 municipal year.

- The Panel expressed concern at social worker shortage at the hospital given that a number of posts were deleted against the Health, Social Care and Inclusion Scrutiny Panel's recommendations in the 2006/07 municipal year. These issues should be highlighted to Cabinet.
- The Health Scrutiny Panel receives regular updates on the PFI in the in the 2008/09 municipal year. (*suggestion that this is in relation to financial situation i.e. affordability of mortgage and action taken to ensure that*)
- Regular performance information on response times of the West Midlands Ambulance Service in Walsall(by postcode) is taken to the Health Scrutiny Panel in the 2008/09 municipal year.
- Selected performance information on the Hospital is received as part of the Health Scrutiny Panels work programme in the 2008/09 municipal year to inform the panels third party commentary to the healthcare commission
- Selected performance information on the tPCT is received as part of the Health Scrutiny Panels work programme in the 2008/09 municipal year to inform the panels third party commentary to the healthcare commission

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5. Glossary

C-diff- Clostridium difficile

PALS – Patient Liaison Service

PCT – Primary Care Trust

Private Finance Initiative - PFI

Monitor – Regulator of NHS Foundation Trusts

MRSA - methicillin resistant staphylococcus aureus

NHS – National Health Service

SHA – Strategic Health Authority

tPCT – teaching Primary Care Trust

WMAS – West Midlands Ambulance Service

6. Appendix

A. Terms of Reference for a Joint Overview and Scrutiny Committee for Dudley and Walsall Councils.

B. A Better Idea ... (a consultation document)

C. Joint Committee response to the proposed re-configuration of Mental Health Services in Dudley and Walsall

D. Response to Joint Committee the proposed re-configuration of Mental Health Services in Dudley and Walsall

E. West Midlands Ambulance Service response times in Walsall April – December 2007

F. Letter to PCT regarding West Midlands Ambulance Service response times

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