

HEALTH SCRUTINY AND PERFORMANCE PANEL

Monday 14 July 2008 at 6pm.

Panel Members present Councillor V. Woodruff (Chair)
Councillor I. Robertson
Councillor A. Paul

Also Present Councillor D. Pitt
Councillor P. Smith
Mr. Jim Weston (Patient Forum)

Officers present Margaret Willcox – Assistant Director Social Care & Inclusion - Adult Services
Sue James – Chief Executive Walsall NHS Trust
Ham Patel - West Midlands Ambulance Service
Phil Griffin – Associate Director of Primary Care Commissioning
Jody Latham –Scrutiny Officer

01/08 APOLOGIES

Apologies for non-attendance were submitted on behalf of Councillor M Bird.

02/08 SUBSTITUTIONS

There were no substitutions for the duration of this meeting.

03/08 DECLARATIONS OF INTEREST AND PARTY WHIP

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

04/08 MINUTES OF PREVIOUS MEETING

The chair explained that there had been a change to the minutes published in the agenda papers twice on page 3 the name Sue Green had been replaced for Diane Lee.

Resolved:

That the minutes of the meeting held on 07 April 2008, be approved as a correct record and signed by the Chair.

05/08 TRAINING OPPORTUNITIES

The panel noted the training opportunities as previously circulated.

06/08 FORWARD PLAN

The Panel were provided with a more recent copy of the forward plan than previously circulated. The contents of that forward plan as at 07 July 2008 were noted.

07/08 REVIEW OF 'A BETTER IDEA' CONSULTATION

Phil Griffin presented to the Panel an update on the current status of the Boosting Doctor Led Primary Care in Walsall Consultation.

(annexed)

Main points from the presentation:

- The consultation started 02 May 2008 and has a deadline of 18 July 2008 with board approval on 26 July 2008.
- Walsall has fewer GP's per person than $\frac{3}{4}$ of the country, and that the proposal of 3 new GP practices and 1 GP Led Health centre and extended opening hours would give residents of Walsall much better access to services.
- 3 Invitations To Tender produced and 75 expressions of interest from local and national providers of health care.

While recognising that the overall project was an excellent scheme the Panel raised several concerns regarding access to services and the distribution of centres across the borough.

Concern was expressed that the pockets of Walsall with high deprivation and poor quality of health in particular Bloxwich West and Short Heath areas were shown to have no GP practices. The Panel believed these areas to be where the services were needed most. A map of the area

Willenhall and Blakenall were highlighted as having one GP practice each but it was felt by the Panel that there were already GP practices next door to the sites chosen which was seen to defeat the problem of wide spread access to residents of Walsall for primary care services.

Some of the areas chosen for practices were seen by the Panel as unsuitable due to accessibility issues for residents such as poor parking facilities and inadequate bus services.

The Panel were informed that due to the short timescale and availability of suitable sites decisions had to be made regards siting of practices. Decisions were made based on statistics available on deprivation and health related issues across the borough.

The Panel believed that greater attempts to consult with ward councillors should have been made alongside listening to residents through a more visible consultation process.

Resolved:

That the Panel will submit a response to the consultation document to Phil Griffin, Associate Director of Primary Care Commissioning before the deadline of 18 July 2008.

08/08 JOINT MENTAL HEALTH STRATEGY UPDATE

The Panel were informed that Gary Graham had been successful in becoming the new Chief Executive of Dudley and Walsall Mental Health Partnership NHS Trust. Gary was seen as the best candidate for the role and a unanimous decision had been made by the board.

Although the merger had been agreed and work was ongoing it was subject to Ministerial approval with an anticipated establishment date of 01 October 2008. No response had been received to date from the Department of Health.

Resolved:

That the Panel will receive a further update on the Joint Mental Health Strategy as part of their work plan on 09 October 2008.

09/08 CHANGE IN STATUS OF THE MANOR HOSPITAL

Sue James presented an update to the Panel on the change in status of the Manor Hospital to a Foundation Trust.

(annexed)

Main points from the presentation:

- One of only 5 trusts to achieve 18 week access target.
- Quality of care has improved with infection rates amongst lowest in country
- Stable financial position with surplus of £650,000 and a saving of £4.8m delivered.
- Staff survey results show improved satisfaction levels.
- Improving patient experience although it is recognised that more work is needed.
- Rebuild is underway, new hospital expected to be open in May 2010.
- Running costs will be reduced by 400 posts however redundancy will be last resort with hospitals current natural staff turnover at around 300 posts per year.
- Costs have been cut to meet Government efficiency requirements. Biggest cost will be the mortgage for the new hospital.
- Efficiency drive with ambitious targets will take out waste and improve quality.

On questioning the Panel were informed that the dramatic changes to Paediatric services would not adversely affect the quality of service provided. It was agreed that were possible children are better looked after, and are more comfortable, in their own homes with only the most serious of cases being admitted. Very serious cases are then often referred to the Birmingham Children's Hospital as it is here they can receive the specialist treatment required. Children at home will be assessed every evening by a visiting nurse and by attending outpatient appointments during the day.

The Panel were informed that care of the elderly is not solely focussed around hospital care but also on care homes and services within the Borough. The increase in life expectancy and extra care needed is a countrywide issue and not just Walsall. As such

Walsall is currently reviewing its services to find greater efficiencies and improvements in quality.

Walsall Manor Hospital diverts very few people to other hospitals and this now only happens when there is an outbreak that causes mass admittance such as flu.

Delayed discharge figures show Walsall to be best in the country with 98% of patients being discharged on time. It is considered that this figure is due to the many improvements Walsall has put into place. The country average is 40 to 50%.

Most patients are happy to leave hospital at the earliest opportunity and continue their recovery at home. The Panel were told that re-admittance after discharge is rare.

The Panel were informed that the change to Foundation Trust was by no means a step towards privatisation and that while change is sometimes difficult for staff moral, doing nothing was not an option. It was pointed out that improvements were what local residents wanted and to meet this expectation a period of change and uncertainty for staff was unavoidable.

Staffing of the maternity unit including midwives is in line with NHS requirements and is currently the best in the West Midlands being 1 point from an excellent rating according to an independent review. It was pointed out that at times a full staff may be difficult due to sickness absence or holidays but every attempt is made to ensure that any understaffing is minimised.

On the issue of high sickness absence levels the Panel were informed that staff now ring an 0845 number to register their absence and discuss their sickness with a qualified nurse. This is an opportunity for employees to access support while they are sick and help them come back to work only when they are fully fit to do so. It was expressed that the call in procedure was not in place to harass or bully employees back to work.

The Panel were informed that the previous merger to create one big hospital for the surrounding areas was not considered best for Walsall and therefore will not be going ahead. The project looking into this option is now finished and concluded as a non option.

Resolved:

Sue James to forward infant mortality rates, still born and died after birth, to Councillor P Smith.

The meeting terminated at 8.24 pm.

Chair:

Date: