

AT A MEETING
- of the -
HEALTH SCRUTINY PANEL held at
the Council House, Walsall on
Thursday 3 November 2005 at
6.00 p.m.

PRESENT

Councillor Val Woodruff (Chair)
Councillor D. Pitt
Councillor Robertson
Councillor Walker

Mr. Jim Weston - Patient Forum
Mrs. D. Russell – PALS (NHS)
Cath Boneham – PALS (PCT)
Paul Jennings – Chief Executive Walsall PCT
Yvette Sheward – PCT
Rachel Young – PCT
Bal Kaur – PCT

David Martin – Executive Director Social Care &
Supported Housing
Kathy McAteer – Assistant Director Adult
Services
Pat Warner – Scrutiny Officer

APOLOGIES

An apology for non attendance was submitted on behalf of Dr. Varkey.

SUBSTITUTIONS

There were no substitutions identified at this meeting.

DECLARATIONS OF INTEREST AND PARTY WHIP

The chair, Councillor Woodruff declared a personal interest as an employee of Walsall Hospital NHS Trust and Councillor D. Pitt declared a personal interest as an employee of the West Midlands Ambulance Service.

MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on the 5 September 2005, a copy having been previously circulated to each member of the panel, be approved and signed by the chair as a correct record.

IMPROVING OLDER PEOPLE SERVICES – GOSCOTE HOSPITAL

A copy of a consultation document from the PCT was submitted: -

(see annexed)

The chairman welcomed Paul Jennings, Chief Executive of the Primary Care Trust who presented the consultation document to members at this meeting.

Paul commenced by informing members that the way healthcare is currently being offered to communities in the UK is changing in that hospitals and service providers are becoming more specialised. It is therefore very important that patients are moved through the hospital system as quickly as possible. The aim therefore is to ensure that long-term conditions (which make up to 22% of the patients seen) are managed within the community inline with new government policy. Government policy also included having close links with the private sector and the voluntary sector. To this end discussions have already commenced towards working with these sectors to enable grouped services to be planned and delivered together.

This greater integration between Health and Social Care he said would provide a more joined up care with patients having a choice of where to obtain there services based on quality and convenience.

He continued that the Black Country Review had completed their investigations into the provision of services in the Black Country and the consultation process would commence from January 2006 with the aim of delivering the services in a most effective way. He referred to the mental health services which had been developed over recent years through community based services, with a smaller number of in patient beds being available. He said there was a need to develop acute services in the same way.

In referring to the provision of older people's services at the Goscote Hospital site, he confirmed that the proposal was to build the Walsall Hospice at the Goscote Hospital site together with a long-term older people's specialist care centre which would replace the 102 bedded provision currently at the hospital. Of the 102 beds at the site some 50% of the patients were medically fit and were in situ at the hospital because they had nowhere else to go.

He continued that Goscote Hospital as it is at the moment lacks sophisticated diagnostic equipment which would be provided in the newly built Manor Hospital scheduled for next summer. Elderly services would be provided in that new facility and would meet the needs of those patients who needed to be in an hospital setting.

The re-provision of services to people not medically ill from the Goscote Hospital is being planned for delivery in an environment suitable for rehabilitation as opposed to a hospital setting. This issue is still being negotiated and it was hoped that between January and February of next year to invite members of the scrutiny panel to view the new facilities.

The long-term older people's specialist care centre being proposed for the Goscote Hospital site would contain elements of dementia services.

In answer to a number of questions raised Paul Jennings advised the committee that there were no plans currently to move the Waldoc facilities from the Goscote Hospital site but that this would become part of the consultation document if it was felt necessary to include this service as part of the re-provision of services.

He further confirmed that no decisions had yet been made as to what else would be placed on the Goscote Hospital site outside the two services previously referred to.

In answer to Councillor Robinson's question in respect of the provision of respite care on the site, Paul Jennings confirmed that no respite care would be provided on the Goscote Hospital site at the moment, however, the dementia care unit would be a social care residential long-stay unit and that within that service some 20 respite care beds would be provided.

He further confirmed that the full dementia services was linked to the planned re-provision of older people's services and will be considered as part of the older people's housing provision but that some more seriously ill dementia care patients will be housed at the Goscote Hospital site which will become a centre of excellence for this service.

A number of questions were raised by members and Paul Jennings advised the panel that the PCT are keen to work with Walsall Housing Group with a view to looking at providing an older people's type village facility but this would need to be discussed in great detail prior to any action being taken.

He further confirmed that the size of the proposed hospice on the site was out to consultation but that it was expected that approximately 12 beds would be provided.

Councillor Pitt queried what was being done to ensure that the public is fully aware of the proposals for the changes in health care in the borough.

Paul Jennings advised the panel that a consultation process would commence in January 2006 where members of the public will be invited to submit their views on the proposals. He said it was hoped that the community matrix of beds at the Goscote Hospital site would be provided by next year. He hoped that the scrutiny panel and other members of the community would be able to visit the site to see the development.

The committee welcomed Councillor Young who attended the meeting to raise questions in respect of the proposals. Councillor Young enquired as to how the hospice unit would be financed.

Paul Jennings confirmed that the PCT would contribute to the overall running costs of the hospice and would also help the hospice to construct a cost base whereby some 40% - 60% of those costs would be provided by the PCT and the remainder through voluntary contributions.

Councillor Young further enquired as to how the movement of patients from the Goscote Hospital to their homes would be managed and what will be the outcome of the patients currently in the Manor Hospital.

Paul Jennings confirmed that this would be co-ordinated but that he could not provide a detailed answer at this meeting but would be happy to provide specific details to Councillor Young outside the meeting.

The panel thanked Paul Jennings for his presentation and noted the information submitted. Members confirmed that they await the site visit arrangements proposed in respect of the visit to the new unit at the Goscote Hospital site.

A FRAMEWORK FOR PATIENT AND PUBLIC INVOLVEMENT WITHIN WALSALL tPCT

A Consultation document from the tPCT was submitted.

(see annexed)

Cath Boneham from the PCT addressed the committee with a presentation on the proposals for public and patient involvement within Walsall tPCT.

She advised members of the decision to identify a framework for patient and public involvement within Walsall. The two options suggested to aid the decision making process and the criteria used for deciding on the two options was also explained. The PCT board will be meeting on the 24 November 2005 to make a decision about the option to be adopted. Cath further advised the panel that Walsall tPCT is committed to involving partners, patients and the public in the planning of service provision, development of proposals for change and decisions about how services operate. The PCT do not, however, currently have an overall framework to show how the different patient and public involvement groups fit together to ensure that they are consistent across all parts of the tPCT and at all levels.

A number of ongoing discussions have already taken place within the tPCT during the last few months concerning the overall PPI structure and a number of criteria were identified. Using those criteria, two different frameworks for the PPI activity had been identified; both options acknowledged that future planning and commissioning responsibilities will lie with practice based commissioning groups which will be a fundamental focus for information gathered through PPI activities and PPI itself.

The consultation document centred on the two options which required the views of all stakeholders including the scrutiny panel and following discussion by the tPCT board the results of the consultation and the boards' decision will be feedback to all stakeholders.

The panel thanked Cath Boneham for her presentation and confirmed that the panel looked forward to receiving the results of the consultation.

HEALTH CARE COMMISSION ANNUAL HEALTH CHECK

The guidance documents were submitted: -

(see annexed)

The committee welcome Yvette Sheward who advised the panel on the PCT response to the commission's core standards.

Members were advised of the background to the establishment of the annual health check and on how the PCT met each standard set down by the commission.

Yvette advised the panel that the new system of annual health check measures performance by reference to the government's standards. It will move from a planned nationwide centralised inspection to a more responsive local plan, more self-assessment based, focussing on services and outcomes for populations. The commission is at this stage undertaking a pre-consultation process prior to the change in legislation from April 2006 and the PCT's were expected to present their responses to the core standards set by the government by the end of October this year.

The PCT confirmed that they had already received notification that the Health Scrutiny Panel had been unable to submit any views on the PCT's response to these core standards due to the lack of time but hoped to be able to comment on the final document to be prepared for submission in April 2006 by the PCT.

Members welcomed the summary report prepared by the PCT setting out their response to standards set by the government and indicating whether the PCT were able to meet those standards.

Members noted that the PCT were able to meet all the standards set to date with the exception of two core standards, one being that: -

- "Health care organisations ensuring that staff concerned with all aspects of the provision of health care participate in mandatory training programmes".

The panel were advised that this standard was still being developed and it was hoped that it would be met by April 2006.

The second core standard not being met being: -

- "Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably".

This core standard was also being developed and that a programme is in place with community development workers being employed and the College of Continuing Education being used to cascade information through to residents.

In answer to a query raised by members, Yvette advised that the core standards were being monitored internally by task groups to ensure that the PCT is working towards the governments standards. She confirmed that it was hoped to bring the issue back to the scrutiny panel in March 2006 to enable comments to be put forward on the performance of the PCT.

Members thanked all those who submitted representations in respect of this issue and looked forward to receiving the final document from the PCT in March.

JOINT REVIEW DOCUMENT – CHILDHOOD OVERWEIGHT AND OBESITY –
SCOPING THE PROBLEM AND MOVING FORWARD

The consultation document which had been agreed at the obesity working group was submitted together with the minutes of the obesity meeting held on 17 October 2005:-

(see annexed)

The panel welcomed Jeff Chandra who summarised the details set out in the review document. He confirmed that a draft strategy for adults had already been prepared in Walsall and that this report aimed to look at children and the problems being experienced by children in Walsall. He said there was very little data collected on children beyond primary school age in Walsall but that as a result of investigation into the obesity problem in children in Walsall, data collection will be started in January and that a number of local schools had already signed up to take part in this data collection process.

From the information collected to date it was clear that obesity was linked to deprivation and ethnicity and this initiative being undertaken in Walsall was inline with government legislation to improve the obesity of children generally. He said it was clear that an overall obesity strategy in Walsall needed to be collated over the next few years and with that in mind the recommendations from the review was the establishment of a steering group which would look at preparing a set of action plans for dealing with the issues raised in the review document.

The chair thanked Jeff for his presentation and advised the panel that this document had also been submitted to the children's scrutiny panel for their action in view of the fact that this review document was based on the needs of children in the borough and that the recommendations set out in this review document would be dealt with via that panel.

The chair further confirmed that the obesity working group will be moving on to look at obesity in the workplace as its next review topic.

There being no further business the meeting terminated at 7.45 p.m.