

## **Minutes of the Health Scrutiny Committee**

**Wednesday 16<sup>th</sup> July, 2014 at 6.00 p.m.**  
**in Committee Room 2 at the Council House, Dudley**

### **Present:-**

Councillor C Hale (Chair)  
Councillor C Elcock (Vice-Chair)  
Councillors N Barlow, K Turner, M Hanif, D Hemingsley, S Henley, M Roberts,  
K Shakespeare and E Taylor and Ms Pam Bradbury – Chair of Healthwatch

### **Officers**

M Farooq (Assistant Director – Law and Governance (Lead Officer to the Committee), A Sangian (Senior Policy Analyst – Directorate of Adult, Community and Housing Services) and M Johal (Democratic Services Officer – Directorate of Corporate Resources)

### **Also in Attendance**

Mr Richard Haynes – Dudley Clinical Commissioning Group  
Mr Jason Evans – Dudley Clinical Commissioning Group  
Ms Marsha Ingram – Dudley and Walsall Mental Health Partnership NHS Trust  
Ms Rosie Musson – Dudley and Walsall Mental Health Partnership NHS Trust

#### **1 Apologies for Absence**

Apologies for absence from the meeting were received on behalf of Councillors P Brothwood and K Jordan.

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#### **2 Declarations of Interest**

In accordance with the Members' Code of Conduct, non-pecuniary interests were declared by the following:-

Councillor S Henley in agenda item No 6 (Dudley and Walsall Mental Health Partnership NHS Trust) and agenda Item No 7 (Update on Urgent Care Development) in view of the fact that his partner works at Russells Hall Hospital as a Ward Clerk.

Councillor E Taylor in agenda item No 6 (Dudley and Walsall Mental Health Partnership NHS Trust) and agenda Item No 7 (Update on Urgent Care Development) in view of the fact that her daughter works at Russells Hall Hospital as a staff nurse.

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3 **Minutes**

**Resolved**

That the minutes of the meetings of the Health Scrutiny Committee held on 27<sup>th</sup> March and 8<sup>th</sup> April, 2014 be approved as correct records and signed subject to the following amendments to Minute No 62:-

Page No HSC/40 – To replace the date in the last sentence in the first paragraph from “8<sup>th</sup> May, 2014” to” 20<sup>th</sup> June, 2014”.

Page No HSC/42 – To delete the following words in the second bullet point, second paragraph “Walsall’s model as they were currently operating a combined facility” and replace with the words “examining a variety of designs and models”.

Page No HSC/45 – to replace the date in resolution No 3 from “May, 2014” to “July, 2014”.

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4 **Public Forum**

No issues were raised under this agenda item.

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5 **Dudley and Walsall Mental Health Partnership NHS Trust – CQC Assessment Outcome Update**

A report of the Dudley and Walsall Mental Health Partnership NHS Trust – Care Quality Commission Assessment (CQC) was submitted on the outcome of the recent assessment and on the actions that had been undertaken by the Trust to ensure full compliance with the CQC requirements. Copies of presentation slides were also circulated to Members of the Committee.

Arising from the presentation of the report Ms Ingram and Ms Musson responded to queries and comments made by Members as follows:-

- It was confirmed that the Trust had been made aware of the inspection visit in advance as it had been an announced visit. Although it was an announced visit it was pointed out that the Trust had not been aware of the framework and the specific areas or sites that were to be inspected. Members were assured that, where there were compliance concerns, spontaneous inspections were undertaken by the CQC and that the CQC also utilised various other methods to gather information for ongoing monitoring purposes.

- In relation to the query regarding any work being undertaken to address the Child and Adolescent Mental Health Services (CAMHS) out of hours pathway and whether it was an area of concern, it was reported that CAMHS, although not a high compliance issue, it was an area that had been identified where improvements should be made and subsequently a review of CAMHS was being undertaken.
- Responding to queries about staff and whether consideration had been given to addressing the issues, particularly that not all staff engaged in change, some felt bullied and were change exhausted, it was reported that the Trust had undergone various changes to services over the last three years and there had been some friction from staff. However, to alleviate some of these problems it had been agreed to utilise independent specialist advice with a view to engage with the staff to ascertain their feelings on change. With regard to maintaining staffing it was stated that NHS Trusts are required to publish the number of staff that are employed and that it was also mandatory to review staffing levels on a six monthly basis.
- It was confirmed that the Local Authority stakeholders for the Independent Mental Health Act services were primarily the Director of Adult, Community and Housing Services and the Assistant Director for Quality and Commissioning.
- With regard to the reference to building a high performing organisation and the framework associated to improved training and development for staff, it was reported that there was a comprehensive training programme, particularly for clinical staff, and that all staff had to complete mandatory training such as in health and safety. Inspectors had picked up on the need to offer training on specific areas such as dealing with patient cohorts and it was stated that there was a specific budget allocated for training requirements. Consideration was also being given to developing a training programme for staff to increase their awareness on dementia so that patients needs can be met. It was also stated that should there be staff shortages the Trust had their own internal “bank” of staff that they could utilise to ensure that continuous care could be given to patients.
- Regarding 4.1 – Compliance Notice 1 – Ensuring the dignity, privacy and independence of service users and the query about the number of mixed sex wards and whether they promoted or detracted dignity, it was reported that older adult wards were mixed, however, it was pointed out that they conformed to National Health Service (NHS) guidelines. There were certain issues where patients with dementia were concerned and there was a need to be acute to dignity in these cases. Efforts were made to draw up an Action Plan prior to the admission of patients to ensure that their individual needs could be met.

- There was a robust programme in place to ensure that information and leaflets were available in a variety of formats and, since the inspection, all wards had been inspected with a view to ensuring that information was available and updated.
- It was reported that each Ward had a designated activity co-ordinator and The Trust had pledged to undertake a complete review of inpatient activities with a view to expanding and exploring the delivery of activities during the out of hours period. Ms Ingram undertook to feedback the comments made about elder community groups and that various organisations, such as Age Concern, experienced similar difficulties and the suggestion that activity co-ordinators should collaborate with a view to developing a programme to benefit the community.
- Ms Ingram undertook to provide to the Senior Policy Analyst for circulation to Members a document containing information in relation to the timescales of completion for the actions plans and recommendations relating to the compliance areas. It was reported that the Action Plan was closely monitored by the Board.

In concluding the debate the Chair requested that an update report be submitted to the Committee for consideration at its meeting to be held in November, 2014.

### **Resolved**

- (1) That the information contained in the report and slides as circulated at the meeting on the new Care Quality Commission Assessment (CQC) processes and inspection regime and the outcome of the assessment, as contained in the report and slides circulated at the meeting, be noted;
- (2) That the work of the Trust undertaken to fully address the “Must, Should and Could” identified actions/areas for further improvement, be supported.
- (3) That a further update report from the Trust be submitted to the Committee at its meeting to be held in November, 2014.

## **6 Update on Urgent Care Development**

A report of the Chief Accountable Officer was submitted on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

Mr Evans and Mr Haynes in presenting the report also provided background information, highlighting the issues and concerns that had previously been discussed by the Committee, for the benefit of new Members,

Arising from the presentation of the report Mr Evans and Mr Haynes responded to queries and comments made by Members as follows:-

- It was expected that the new Urgent Care Centre (UCC) would open towards the end of April of next year and it was commented that it would genuinely be a better, safer and more efficient model of care.
- The bidding process was explained and it was reported that the applicants had been provided with a brief for the Centre and that they were expected to come back with suggestions and their offer by 10<sup>th</sup> August, 2014. Following the completion of this stage the service specification could be made available to the Committee for their perusal, together with preliminary drawings and floor plans to include the number of bays etc. The Multi-Disciplinary Panel would then scrutinise the information with a view to awarding the contract to the most suitable provider in early October.
- In relation to a query that an earlier version of the specification did not reflect what the GP service provision would be and their role in the initial assessment, if any, it was confirmed that although the GP's may not be doing the streaming the Urgent Care Centre would be a GP led service. However details relating to the exact numbers of GP's and other staff that would be available and on site at any given time would be finalised following submissions from potential providers. A flow diagram would also be made available.
- It was explained that the Urgent Care Facility would comprise of a single point of entry and that a robust process would be in place with a view to seeing patients. Patients that presented themselves by "walking in" or via ambulance at the Urgent Care Centre would be seen by a Senior Nurse for an initial assessment and depending on the outcome of the assessment the patient would be directed to the Urgent Care Centre or the Accident and Emergency Department for treatment.
- A significant amount of work had been undertaken in conjunction with NHS England to improve and develop GP practices. GP's had been encouraged to consider extending their opening hours which had a positive impact as the number of patients not being able to get an appointment with their GP had declined. Although retaining and recruiting GP's was a national problem and an ongoing challenge consideration was being given to attract GP's to Dudley. It was confirmed that discussions were taking place with a view to smaller practices combining and merging with the larger practices.
- With regard to an update on the position in relation to a twenty four hour pharmacy on site it was reported that although there were plans to explore the option it was the responsibility of the Dudley Group NHS Foundation Trust and a decision for them to make.
- In relation to whether any appropriate training would be given to the "navigator" to resolving conflict with patients it was reported that the current version of the specification contained more detailed information and that potential providers would also be scored on their suggested submissions.

- In relation to managing the increase in the numbers of patients, the potential delays that would occur and insufficient car parking spaces to cope with the demand, it was stated that there were various mechanisms in place to alleviate problems. These included the NHS 111 first call triaging for all patients that telephoned the centre who could potentially be offered a more appropriate alternative which may mean that the patient did not need to access the urgent care centre. Furthermore the urgent care centre would deal with minor injuries far more rapidly than the current Accident and Emergency service resulting in patients being on site for a lesser time. Also the centre offering booked appointments for the out of hours service would help to keep time spent on site for patients using this service to a minimum. The development of GP practice appointment capacity across Dudley and the opening of the maternity staff car park for public use would also help alleviate parking issues. Concerns about parking in adjacent roads and the arising problems for residents were noted.

Arising from discussions on parking issues and concerns the representatives of the Dudley Clinical Commissioning Group agreed to:-

Consider a contingency plan relating to parking issues being included in the Centre's Business Continuity and Disaster Recovery Plans;

Consider the suggestion for installing additional pay machines to alleviate the queuing problem;

Invite representatives of Interserve to the next meeting of the Committee to respond to concerns about parking fees and issues with concession passes;

Consider sharing the final specification document with Centro with a view to consideration being given to improve public transport to Russells Hall Hospital.

Circulate to Members of the Committee the final version of the specification, together with preliminary drawings and floor plans following the completion of the tendering process in August, 2014.

## **Resolved**

- (1) That the information contained in the report updating Members on the development of the urgent care centre, be noted;
- (2) That a further update report to include the final version of the specification be submitted to the meeting of the Committee to be held in September, 2014.
- (3) That representatives of Interserve be requested to attend the next meeting of the Committee with a view to responding on concerns relating to parking fees.

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8 **Work Programme 2014/15**

A report of the Lead Officer to the Committee was submitted on the health scrutiny work plan for 2014/15.

Arising from the presentation of the report the Chair suggested that Members contact him directly within the next seven days should they wish to include any further items in the work plan and that consideration for inclusion of any additional items would be made in consultation with the Vice-Chair and Lead Officer to the Committee.

The Chair requested that all relevant information and background papers relating to future reports be provided for information for the benefit of Members and also that reports and information be received together in advance of the meeting.

In response to a request the Senior Policy Analyst undertook to circulate to Members a hard copy of the [Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny](#).

The Committee noted that since submission to the Overview and Scrutiny Management Board a change in the topic for the in-depth review for the Committee for 2014/15 was proposed and it was considered that the Committee's area for review should be Dudley Physical Activity and Sport Strategy.

**Resolved**

- (1) That, the information contained in the report and Appendix to the report submitted on the proposed work plan, be approved.
- (2) That Members be requested to inform the Chair within the next seven days of any further items that they wished to be considered for inclusion in the Committee's work programme.
- (3) That the Overview and Scrutiny Management Board be requested to consider the Committee's proposal to change the Committee's area for scrutiny from "Elements of Patient Experience in Acute Care" to "Dudley Physical Activity and Sport Strategy".
- (4) That, subject to approval of (3) above, a Working Group be appointed to consider the proposed area for scrutiny, Dudley Physical Activity and Sport Strategy, and that membership of the Group comprise the Chair and Vice-Chair of the Committee together with Councillors K Shakespeare, N Barlow, S Henley, P Brothwood and E Taylor.

The meeting ended at 8.40 p.m.

CHAIR

HSC/7