

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Thursday 26th October 2017 at 6.00 p.m.

Conference Room 2, Council House, Walsall

Committee Members Present

Councillor M. Longhi (Chair)
Councillor H. Sarohi
Councillor B. Allen
Councillor D. Barker
Councillor E. Hazell
Councillor D. James
Councillor J. Rochelle
Councillor R. Worrall

Portfolio Holders Present

Councillor I. Robertson – Health
Councillor D. Coughlan – Social Care

Officers Present

Walsall CCG

Sally Roberts

Chief Nurse, Director of
Quality

Donna MacArthur

The Director of Primary
Care and Integration

Cartson Lesshaftt

GP (Willenhall Croft
Practice)

Walsall Council

Barbara Watt

Director of Public
Health

Martin Thom

Head of Community
Care

Suzanne Letts

Finance Officer

Nikki Gough

Democratic Services
Officer

Sophia French

Media and
Communications
Officer

23/17 Apologies

Apologies for absence were received on behalf of Councillors S. Ditta, A. Hicken, T. Jukes and K. Phillips.

24/17 Substitutions

Councillor R. Worrall substituted for Councillor K. Phillips for the duration of the meeting.

25/17 Declarations of Interest

Councillor B. Allen declared an interest as an employee of Walsall Healthcare Trust.

26/17 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

27/17 Minutes of previous meeting

The committee considered the minutes of the meeting held on 20th July 2017 and 14th September 2017.

Resolved

1. That the minutes of the meeting held on 20th July 2017 were agreed, subject to the inclusion of;

- **Councillor E. Hazell was included in the attendance list;**
- **The following was included under minute 07/17 - A Member asked the CCG if it received a negative response from members of the public in relation to the closure of the Urgent Care Centre located in Walsall, if their proposed course of action would change. The CCG confirmed that it would.**

2. That the minutes of the meeting held on 14th September 2017 were agreed.

28/17 Neurological Waiting lists at Walsall Healthcare Trust

The Chair stated that this issue had received press coverage due to large waiting lists in the region for neurology services. The Chair had requested that the CCG, as commissioners of the service, attended to describe the issues at Walsall Healthcare Trust.

The Chief Nurse (CCG) tabled information in relation to referral to treatment times for a neurological appointment (annexed) and informed the Committee that Walsall Healthcare Trust was currently meeting its targets for referral to treatment times. The Committee were advised that a Consultant working in the neurology service at Walsall Healthcare Trust had retired. Following this there was currently a temporary arrangement with Sandwell Hospital for neurologist cover whilst recruitment to a permanent position was carried out and this may mean that patients would need to travel. However patients treated within the community received a consistent service.

Members agreed that the Committee would welcome a report on the long term plans for the service to ensure its sustainability. The Chair asked that the Committee receive early sight of such issues and questioned if there were any other services that the provider faced difficulties delivering. The Committee asked for a report on medical specialisms where there may be an issue with provision.

The Committee were informed by the GP in attendance that there was a national shortage of neurologists and that this had been the case for the last 10-15 years. The Chief Nurse stated that although there were issues Walsall Healthcare Trust placed a great importance on recruitment and were working to resolve the issue.

Resolved

That a report on the medical workforce within medical specialisms is taken to the Committee (to include the retention levels of staff).

29/17 APMS Public consultation

The Director of Primary Care and Integration introduced the item and informed Members that this was an opportunity for the Committee to comment and provide feedback on the proposals to the governing body in November. The context to the proposals was explained, which were that 9 GP APMS contracts were due to expire and it was not possible to extend these contracts. This presented an opportunity to provide more sustainable services and to achieve better value for money as these contracts were more costly than GMS GP contracts. The consultation process was described, and the Committee were informed that Healthwatch Walsall was commissioned to analyse data and prepare a report describing the findings of the consultation.

The recommendations made by the Primary Care Commissioning Committee (PCCC) were described to the Committee for each area as described in the update report (annexed). It was emphasised that as this was a re-procurement and that current providers may or may not choose to bid.

Area 1 – Walsall (Manor Medical, Sai, and Wharf Family Practice)

The benefits to pursuing option 2 (to combine Manor Medical, Wharf Family Practice and Sai Medical Practice based at Forrester Street) were considered including a greater skill mix and greater sustainability. It was also noted that a larger practice would be better placed to provide both male and female doctors. Concern at public meetings had centred on parking however it was hoped that parking issues would be alleviated by the removal of external staff currently based in the building. It was noted that transport links to this practice were good due to its location near to the hospital.

A Member asked whether analysis had revealed why patients had preferred option 1. The Director of Primary Care and Integration suggested that there was not enough information to draw conclusions however it may have been due to the fact that this limited change for the patient. It was suggested that patients were often protective of their practices.

A Member stated that he was aware of the practice and the issues with parking and suggested that there may be opportunities to purchase land nearby for parking.

In response to questions from Members the Director of Primary Care and Integration stated that the specification did not specify the numbers of administration staff required to fulfil the contract.

Area 2 – Harden, Coalpool and Blakenall

Options 1 and 2 were described to the Committee. The Primary Care Commissioning Committee expressed a strong preference for option 2 as this option provided a good strategic fit whilst allowing for the needs of the people in the area. In addition the consultation raised concerns around parking which could not be mitigated under option 1.

A Member asked if the CCG had sought advice on transport links for the proposals. The Director of Primary Care and Integration stated that under the proposal no patient, unless they wished, would have to attend the alternative site for GP appointments. The Portfolio Holder for Public Health stated that he was supportive of improved access to health care in the area.

Area 3a - Kingfisher

It was the view of the Primary Care Commissioning Committee that option 1 be recommended which was to allow the contract to expire at Kingfisher practice and not procure a service in its place. The preference would be for surrounding practices which have the capacity to expand and become more sustainable in the future. The quality of surrounding practices was good and patients could register at a surgery in the same building as the Kingfisher practice. A Member asked if there were any issues with the Kingfisher practice. The Committee were advised that on the contrary it was an excellent practice; however it was stressed that as it was a procurement process the current providers may not win the contract. A Member stated that residents were concerned about capacity and asked for assurance that this was being considered. The Committee were assured that the CCG had confidence that surrounding practices could expand to provide sufficient capacity for the area.

Area 3b – Keys Family Practice

The options for this area were discussed and the Committee were advised that option 2 (to retain the practice at Keys Family Practice) would be recommended to the Governing Body. This was because there was currently insufficient capacity in local practices to accommodate the patients registered at the Keys Family practice. Members welcomed this and stressed the importance of improving waiting times for this group of patients.

Extended hours practice

The Committee were informed that the removal of out of hours GP access from morning, evening and weekend appointments from the APMS contracts was proposed. Out of hours appointments would be provided through a national directed enhanced service, half day closing of practices would be removed and provision of a Walsall wide extended access scheme where patients can access appointments at

hubs across Walsall. A Member asked if this item would impact upon the NHS five year plan, the Committee were advised that the first part of the programme would be progressed during winter and committed to bringing back the 'national access offer' to a future meeting.

A Member asked for assurance that extended hours access would be improved. The Director of Primary Care and Integration stated that this would be in place before the new contract began. A member stressed that out of hours access needed publicising to ensure that individuals did not attend Accident and Emergency unnecessarily.

Resolved

1. That the Committee raised no objections to the options recommended by the Primary Care Commissioning Committee in relation to GP practices with AMPS contracts as set out within the report presented to the Committee.

2. A report on the national primary care access offer is taken to a future committee.

30/17 Corporate Financial Performance Financial Monitoring Position for Quarter 2

The Finance Officer presented the report (annexed). The Committee were advised that the forecast 2017/18 year-end financial position for services under the remit of the Social Care and Health Overview and Scrutiny Committee, and based on financial performance for the period April 2017 to September 2017 was a revenue over spend of £0.176m. Without the use of reserves the over spend would have been £2.006m. The demand management programme within the transformation plan was intended to mitigate the over spend position. This was providing positive results in reducing the overall pressure, and work was ongoing to mitigate the remaining balance currently forecast.

A discussion ensued on the planned use of reserves. The Finance Officer stated that this related to the carry forward of ring fenced grants or external funding from previous financial years. The Finance Officer agreed to raise Members feedback with the Head of Finance for consideration of how reserves were presented in reports to Committee.

Resolved

That the report be noted.

31/17 Adult Social Care – Corporate Risk Register - Item 11

The Head of Community Care introduced the report and stated that it set out the progress made within the Directorate over recent months in relation to corporate risk register - item 11: Significant vacancies have a negative impact on practice, capacity, and ability to deliver priorities, including safeguarding and operational development.

The Chair informed Committee Members that this issue had been referred by the Audit Committee for further investigation by the Social Care and Health Scrutiny Committee. Members complimented Officers on the open and transparent report.

A Member of the Audit Committee spoke to state that risk 11 had been highlighted as a risk at audit committee and that he was pleased to see progress in this area.

The Adult Social Care senior leadership team had built upon the work already completed within the directorate which reframed job descriptions and specifications for Advanced Practitioners and Team Managers. These roles were now clearly focussed on staff development, practice improvement and financial / performance management. It was stated that the report attempted to evidence a clear commitment to an effort to retain social workers. Although the authority had carried a number of vacancies for social workers it had most recently received 78 applications and made offers to 22 individuals.

In response to a question from a Member, the Head of Community Care confirmed that the recruitment was dealt with internally. The Committee were advised that 'better care fund' money was used to create additional posts and to promote workforce training and projects. It was suggested that the Committee could request a paper on the global use of better care fund money. In response to a question the committee were advised that service users were reviewed on an annual basis to ensure that their care was provided at the right level. Members were informed that locality teams would be able to bring in other resources, such as the voluntary sector, to prevent the use of adult social care services to achieve better outcomes for individuals through the retention of independence.

A Member asked how many service users had been reviewed in the previous 12 months. The Head of Community Care stated that this was around 40% however the strengthened workforce should mean that 60% would be seen in the next 12 months.

In response to a question about the career pathway in Walsall, the Committee were advised that the pathway had been developed in response to feedback at staff exit interviews and that it had been developed to create a unique selling point for Walsall. A Member challenged if individuals were required to work at the authority for a certain number of months once they had received investment in the form of training. The Head of Community Care stated that they committed to work in Walsall for 2 years or they must pay back their training costs.

A Member raised a query surrounding the expenses that care companies paid to their staff. The Portfolio Holder for Adult Social Care stated that although the amount paid to care companies had been increased the Council could not force the companies to pay its staff a certain wage. It was agreed that a briefing note on this would be provided to Councillor Rochelle.

Resolved that

- 1. The Committee were satisfied that the measures put in place to address the risk were robust and had achieved positive outcomes. Sufficient progress was being made by the local authority in relation to risk 11. The Committee will receive a report in 6 - 12 months time to ensure that progress has continued.**
- 2. A report is received on the allocation of the better care fund at a future meeting.**

32/17 Efficiency Plan 2018/19 to 2021/22 - options for consultation

The Committee were informed that this report provided an extract of the draft budget proposals under the remit of the Social Care and Health Overview and Scrutiny Committee for consideration. The Committee were asked to note that all 2018/19 and 2019/20 policy savings shown in appendix 1 had previously been consulted on as part of the 2017/18 budget setting process and that feedback from the Social Care and Health Committee was taken into account at that point in time.

The Committee were informed that proposals in relation to Wilbraham Court were now dealt with under Money Home Job and was no longer under the remit of the Committee.

The Chair reminded Members that the Committee had previously highlighted concerns in relation to savings reference 41 which related to the removal of services for addiction and it was confirmed that an impact assessment of this removal would be presented at the next meeting of the Committee.

The Portfolio Holder for Health highlighted the removal of sexual health services and assured the committee that the impact of this was being considered. The Committee were also advised that an investment had been made to address increased cost for potential new service users.

Resolved

- 1. That the report be noted.**
- 2. The impact of the removal of addiction services is received at the next meeting of the Social Care and Health Scrutiny Committee**

33/17 Areas of Focus 2017/18

The area of focus 2017/18 was noted.

The Chair suggested that a letter was sent to Richard Kirby on behalf of the Committee to recognise and thank him for his personal dedication, excellent approach to the Committee and to wish him well in the future.

34/17 Date of next meeting

The date of the next meeting was agreed as 28th November 2017.

There being no further business the meeting terminated at 8.00 p.m.