

## **SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE**

**Thursday 13<sup>th</sup> September 2018**

**Conference Room 2, Council House, Walsall**

### **Committee Members Present**

Councillor D. James (Chair)  
Councillor B. Allen  
Councillor G. Clarke  
Councillor D. Coughlan  
Councillor M. Follows  
Councillor H. Sarohi  
Councillor I. Shires  
Councillor S. Neville

### **Portfolio Holders Present**

Councillor R. Martin – Adult Social Care

### **Officers Present**

#### **Walsall Healthcare Trust**

Richard Beekin – Chief Executive

#### **Walsall CCG**

Paul Tulley – Director of Commissioning

#### **Walsall Council**

Paula Furnival – Executive Director (Social Care)  
Nikki Gough – Democratic Services Officer

#### **Healthwatch Walsall**

John Taylor

### **10/18 Apologies**

Apologies for absence were received on behalf of Councillors S. Ditta and Councillor J. Rochelle.

### **11/18 Substitutions**

There were no substitutions for the duration of the meeting.

### **12/18 Declarations of Interest**

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

### **13/18 Local Government (Access to Information) Act 1985 (as amended)**

There were no items to be considered in private session.

### **14/18 Minutes of previous meeting**

The Committee considered the minutes of the meeting held on 28<sup>th</sup> June 2018.

### **Resolved**

The minutes, as circulated, were agreed as a true and accurate record.

### **15/18 Hospital Services and Community Care**

The Chief Executive of Walsall Healthcare Trust highlighted the context to the report which was that hospitals were under increasing pressure to meet standards with reducing resources and workforce pressures. To counter these pressures Walsall Healthcare Trust had undertaken sustainability reviews of all of its services as part of its strategic objectives. The reviews identified strengths, weaknesses, opportunities and threats to services.

The Chair of Healthwatch questioned what the priorities of the Trust were as a result of the sustainability reviews. The Chief Executive stated that this information was not in the public domain and that a plan had been produced for each service. Examples of such services and the challenges they faced were given. A Member suggested that it would be useful for the Committee to have received the report in private session to enable consideration of the service plans. The Chief Executive stated that proposals could be taken to the Committee once they had been to the Hospital Trust Board. The Chair suggested that the Committee receives this information at a future meeting.

The Chief Executive was asked by a Member if the Hospital Trust had plans to move the urology and respiratory service to a neighbouring hospital or into the private sector. The Chief Executive stressed that this was not the intention of the Trust.

A Member stated that diagnostics had been improved and questioned how services would be modernised. The Chief Executive stated that investment had been made in diagnostic services in both equipment and staff to ensure that services were fit for purpose for the future.

In response to questioning about the Urgent Care Centre the Chief Executive stated that timing was critical to the success of the transfer. The A and E delivery Board had decided that the move should not take place over the winter months. It was likely to be delayed until the new year.

### **Resolved**

That the report be noted.

## **16/18 Black Country Transforming Care Programme**

The Committee were reminded that a Transforming Care Programme update was provided to the Committee on 19<sup>th</sup> April 2018. The item described the strategic plan across the Black Country to ensure that citizens with a learning disability were supported out of hospital to live in appropriate community settings and were supported when in crisis. The report set out the detail of the progress and the impact for Walsall.

The Committee were informed that 'Dudley Voices for Choices' had been commissioned to develop materials and engagement activities for use with patients, relatives, carers and wider public.

A Member asked for assurance that children would be fully supported in such residential homes and that costs would not be cut. An Officer acknowledged the concerns and assured the Committee that this was not a cost reduction exercise but was intended to improve an individual's quality of life. A discussion was held around the location and type of facilities in the area along with where placements were coming from. Officers confirmed that they were not always in control of such issues and the regulation for the care market lay with the CQC.

The Chair of Healthwatch welcomed the engagement and asked for clarification around the purpose of this. The Committee were informed that this would seek people's views on how people found the service and to support work with providers to make the journey smoother.

### **Resolved**

1. The report be noted;
2. That the committee note the reduced numbers of Walsall children placed in Tier 4 provision and the on-going progress that is being made;
3. Members were assured that the local system was positively working towards the adult trajectory being achieved by end of March 2019.

## **17/18 Outpatient Service Improvements Walsall Healthcare Trust**

The Chief Executive (Walsall Healthcare Trust) gave the following update on progress made in outpatient services: -

- Improved booking services. 'Partial booking' process was being introduced for follow up and booking utilisation rates were consistently above 90%.
- There had been a reduction in 'Did Not Attend' (DNA) rates influenced by a reduction in short notice bookings, poor process, eradication and the introduction of a text reminder service.
- Reduction in waiting times for patients. This included improved performance against the 'Referral to Treatment' standard. The best performance in two years was now being achieved by the Trust.

A Member observed that DNA figures were costly to rebook and asked to see the raw figures rather than percentages. The Chief Executive stated that this would be circulated outside of the meeting. It was questioned if all appointments were on the

system. The Chief Executive stated that available appointments should become more obvious and within acceptable waiting times. It was stressed that some specialties did still have unacceptable waiting times such as respiratory, which was beyond 18 weeks. However, the Trust was working to improve this.

A Member asked if there were any groups, which persistently did not attend their appointments. The Chief Executive stated that this was always the case especially in the over 75 age group due to their physical ability to attend appointments. In addition, children's services had historically high rates of non-attendance. However, this was a small percentage of people. The Chief Executive explained the need for reviewing individuals care needs to seek to make routine appointments outside of the hospital setting.

The Chair of Healthwatch acknowledged that through a mixture of workforce improvements, and Information Technology it seemed that improvements were being made at the Trust. He questioned what the Trust's targets were? The Chief Executive stated that the Trust was aiming for utilisation of over 95% of appointments booked and 'DNA' rates of under 10%. The Trust was achieving the target for DNA rates and were focusing on improving rates in those specialities, which may have slightly higher DNA rates.

The CCG Officer stated that the CCG were planning to work with GPs to ensure patients were clear why they were referred to the hospital. This was because there were high DNA waits for cancer appointments. It was also noted that from 1<sup>st</sup> October 2018 all appointments had to be made electronically.

A Member questioned what was being to address the increased rates of tuberculosis (TB) and waiting lists for treatment. The CCG Officer stated that the CCG had been running a TB programme to seek to identify people with the disease. The focus on diagnosing this illness had put pressure on hospital services. Work was being done internally to address this through the above mentioned sustainability reviews.

### **Resolved**

- That the report be noted
- That percentages referred to in the report were translated into raw data and circulated to Members of the Committee.

### **18/18 Stroke Services in Walsall**

The Committee were reminded that following a period of public consultation the hyper-acute and acute parts of the stroke pathway were successfully transferred to a newly refurbished facility at New Cross Hospital in April 2018. The stroke rehabilitation services in Walsall had remained the same, with a stroke ward at Walsall Healthcare Trust being re-designated as a rehabilitation facility for stroke patients with the greatest need. The Committee were reassured that this was a better service for Walsall residents. In response to Member questions the Chief Executive stated that it was not necessary to have the stroke rehabilitation service in an acute setting, however the Clinical Senate had insisted upon this as part of the redesign of the service. A formal interest would be expressed in a community setting and if this was progressed the Committee would be notified.

## **Resolved**

That the report be noted.

## **19/18 Areas of focus 2018/19 and Forward Plans**

The Committee work programme for the year was agreed, subject to the addition of Community alarms and telecare as an item on the next agenda.

## **Resolved**

The Young People and Social Care Working Group membership was agreed as follows; -

- Councillor B. Allen (Lead Member)
- Councillor D. Coughlan
- Councillor G. Clarke
- John Taylor. (Chair of Walsall Healthwatch)

The date of the next meeting was agreed as 25<sup>th</sup> October 2018.

There being no further business the meeting terminated at 7.10 p.m.

Signed: .....

Date: .....