## SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Thursday 28th January 2016 at 6.00 p.m.

Conference Room, Council House, Walsall

Committee Members Present Councillor M. Longhi (Chair)

Councillor G. Clarke
Councillor D Coughlan
Councillor T. Jukes
Councillor I. Robertson
Councillor J. Rochelle
Councillor I. Shires
Councillor P. Bott
Councillor E. Hazell
Councillor S. Coughlan
Councillor A. Hicken

Portfolio Holders Present Councillor E. Hughes (Care and

Safeguarding)

Officers Present Richard Kirby – Chief Executive Walsall

Healthcare Trust

Amir Khan - Medical Director Walsall

Healthcare Trust

Salma Ali – Accountable Officer CCG Keith Skerman – Executive Director (Adult

Social Care)

Barbara Watt – Director of Public Health Paul Gordon – Head of Business Change Simon Fogell – Chief Officer Healthwatch

Walsall

Helen Dudson – Corporate Performance

Manager

Nikki Gough - Committee Business and

Governance Officer.

# 47/15 Apologies

Councillor E. Russell gave her apologies for the duration of the meeting.

### 48/15 Substitutions

There were no substitutions for the duration of the meeting.

## 49/15 Declarations of interest and party whip

Councillor L. Hazell declared an interest as a Member of New Invention Community Forum and Councillor S. Coughlan declared a non-pecuniary interest as a Director of Palfrey Community Association.

## 50/15 Minutes of Previous Meeting

Councillor Sean Coughlan noted that the Committee had requested feedback on the 'Adult Social Care, employment and day opportunities review' before March 2016 and asked when this would be received. The Chairman reassured the Committee that this would be received at the Committee meeting on 10<sup>th</sup> March 2016.

## Resolved:

That the minutes of the previous meeting held on 10<sup>th</sup> December and 17<sup>th</sup> December subject to the inclusion of Councillor Rochelle in the minutes and an amendment to reflect that the meeting was held on Thursday 10<sup>th</sup> December and Thursday 17<sup>th</sup> December 2015.

# 51/15 Resource allocation 2016/17 to 2019/20: Draft revenue budget, draft capital programme and update on financial position

The Portfolio Holder presented the resource allocation report 2016/17 to 2019/20 (annexed). Officers confirmed that this was an update on 2015/16 position.

Members discussed the savings relating to 'Adult Social Care, Employment and Day Opportunities'. The Chair stated that the Cabinet report had been received at the Committee meeting on 3<sup>rd</sup> November 2016, and a detailed recommendation made. This proposal had also been considered as part of the 'resource allocation 2016/17 to 2019/20' report and a request to receive a further report in the future had been made. Concern was expressed that this was not sufficiently debated by Cabinet and Members did not feel assured that an alternative service was in place. Members stated that they needed to know more about alternative proposals and to receive some assurance around future plans. The Chair recognised these concerns and stated that a report on the future plans would be received at the next Committee meeting on 10 March 2016. The Portfolio Holder suggested that the service needed to be redesigned to meet the needs of individuals and that the service had not accepted new clients for 4 years. Members were assured that a compassionate approach had been taken with clients. Officers stated that the Committee had asked that appropriate care was taken when dealing with families and the Committee were assured that families were reasonably content. Members were also reassured that an individual approach would be taken and not a 'one size fits all'.

The Chair asked for any further comments on the 'Resource allocation 2016/17 to 2019/20'. In response to questions Officers stated that progress on the efficiencies in relation to the Citizens Advice Bureau would be in a report to Cabinet and conversations would take place with all parties.

The Chair advised the Committee that a member of the public wished to submit a petition on the 'Axing of Walsall Healthcare Physical Activity Timetable'. The petition

contained 472 signatures and raised concerns about the consultation process. Officers responded to state that in the current economic climate the Council needed to ensure that it was accessing large proportions of the population and these services were attended by low numbers of people. Members discussed the implications of reducing the services. The petitioner was assured that she would receive a response to her petition.

#### Resolved -

#### That:

- 1. The report be noted and;
- 2. A report outlining the future opportunities in relation to 'Adult Social Care, employment and day opportunities' is received at the next Social Care and Health Overview and Scrutiny Committee on 10<sup>th</sup> March 2016.

# 52/15 Care Quality Commission (CQC) inspection of Walsall Healthcare Trust

The Chief Executive of Walsall Healthcare Trust gave a presentation to Members and apologised that this information could not have been provided in advance of the meeting as the inspection report itself was only published earlier that week. The Committee were assured that more detail would be provided at a future meeting. Members were informed that the Hospital were aware that improvement was needed and that this was reflected in the report. However it was stressed that some parts of the Trust were doing well such as community services. Services that required most attention were maternity services and Accident and Emergency. The Chief Executive explained that big increases in the number of patients had put these services under pressure. Members were assured that the Trust would carefully consider what needed to be done. Although some improvements were already planned this included putting clinicians in charge of operational teams.

The Trust had been placed in 'special measures' and would need to demonstrate improvement action taken and planned with support from the Trust Development Agency (TDA) and other Trusts.

Principal points ensuing from discussion were: -

- Although an increase in midwives would improve the situation physical space and processes needed to be improved also:
- The closure of Stafford Hospital had increased pressure at the hospital:
- The management of processes by clinicians was welcomed:
- Disappointment was expressed that 'end of life care' needed improvement:

A Member stated that nurses were under significant pressure and asked how the Trust planned to improve staff attendance rates. The Chief Executive confirmed that it was hoped that a combination of improving staffing levels and ensuring that when staff were ill that they were helped to stay at work. The Medical Director added that this would be achieved by securing the right levels of staffing and improving job satisfaction.

In response to further questioning the Chief Executive stated that the Trust would endeavour to design a successful plan and to be clear about the rate of progress that

was expected. Members were informed of a trial in specialist areas for the Trust to become 'paperless'. Issues around discharge and the pharmacy were discussed and Officers stated that although processes had been improved there was still work to do.

The Committee were informed that the improvement plan would have measureable indicators which would be shared with the Trust Board and at Scrutiny. It was stressed that some actions had already been taken. There would be a full reinspection in a year with potential visits in between this. Members asked about the need for changes in the way the Board and leadership team at the Trust worked. The Committee were assured that a set of changes had been suggested for the Board and senior management team.

In response to questioning the Chief Executive confirmed that following: -

- Cancer patients were see within 2 weeks of referral from GP:
- 75% of people were seen within 18 weeks and the Trust had a plan to improve this to 92%:
- Some services such as orthodontics were under significant pressure and waiting times could be up to a year. However, only patients from Walsall were seen:
- Waiting times for gynaecology and paediatrics met national standards:

Members expressed the view that to make progress the system needed to work together, recruit the right staff and set up a Trust that delivers. The Chair encouraged Members to consider a wider set of questions and emphasised that this was just a snapshot in time.

## Resolved:

That the briefing be noted and a more detailed report was requested, including a response from Commissioners of the service, to be taken at the meeting of the Social Care and Health Overview and Scrutiny Committee on 10<sup>th</sup> March 2016.

# 53/15 Walsall Review into Perinatal and Infant Mortality and Update on Multidisciplinary Action Plan

Members were informed that a report into perinatal and infant mortality was commissioned by the Council to investigate the underlying causes of high perinatal mortality in the Walsall population. The Director of Public Health stated that the healthcare side of this issue had never been explored before but that the review aimed to do this to identify areas of good practice and those that required improvement. Members were informed that Walsall Healthcare Trust was open and receptive. It was known that there were high rates of perinatal and infant mortality in Walsall.

The Medical Director from Walsall Healthcare Trusts stated that the review had clear recommendations, as contained within the report, which can be achieved if organisations worked together. The Accountable Officer for the CCG stated that it the local population had a higher level of risk. The challenge for the CCG was to

commission at a higher level, identify high risk babies earlier and provide a dedicated bereavement service.

The Chair welcomed the report and explored the difficulties in addressing the issues contained within it and suggested a role for public health influencing the lifestyle choices of young women before they fell pregnant. Members expressed the importance of not cutting lifestyles services. Members discussed the levels of care when caring for babies in neonatal cots. A further report was to be received by the Committee on the future commissioning intentions for level 1, 2 and 3 neonatal cots.

## Resolved

#### That:

- The Social Care and Health Overview and Scrutiny Committee receive the future commissioning intentions for perinatal care at a future meeting and:
- The Committee reviews the level of resourcing for levels 1, 2, and 3 neonatal cots at a future meeting.

The Committee suspended standing orders to allow the meeting to continue past 3 hours in duration.

## 54/15 Healthwatch Walsall

The Chief Officer of Healthwatch Walsall presented the annual report (annexed) and stated that it demonstrated how Healthwatch continued to build on its successes. Healthwatch Walsall had its focus led by the Members of the assembly. It has considered 18 specific topics. An example of successful working was with Walsall Healthcare Trust on the improvement of the content and detail of the Annual Quality Account. Healthwatch Walsall contributed to the work of the CQC inspection through listening events which helped to gather evidence. Feedback from the CQC was that this was a valuable contribution.

A report about discharge arrangements at Walsall Healthcare Trust, had been published in October 2015 and provided key areas for the Hospital to focus on and provided positive points.

The Chair thanked the Chief Officer for presenting to the Committee.

#### Resolved

### That:

- 1. The reports were noted:
- 2. Consideration of the Independent review of Healthwatch was deferred until the next meeting of the Committee due to be held on 11<sup>th</sup> February at 6.30.p.m.

## **Termination of Meeting**

There being no further business the meeting terminated at 9.35 p.m.

Signed:	
Date:	