

HEALTH SCRUTINY AND PERFORMANCE PANEL

Tuesday, 11 March, 2014 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor D. James (Chair)
Councillor M. Burley
Councillor E. Russell
Councillor V. Woodruff

Officers Present

Keith Skerman - Interim Executive Director, Social Care and Inclusion
Andy Rust - Head of Joint Commissioning Unit
Tracey Evans - Finance Officer
Isabel Gillis - Director of Public Health
Richard Kirby - Chief Executive, Walsall Healthcare Trust
Sue Hartley - Director of Operations, Walsall Healthcare Trust
Marsha Ingram - Director, Dudley Walsall Mental Health Trust
Jacky O'Sullivan - Director, Dudley Walsall Mental Health Trust
Nikki Gough - Committee Business and Governance Manager

302/14 Apologies

Apologies were received on behalf of Councillors M. Longhi and M. Flower.

303/14 Substitutions

There were no substitutions for the duration of the meeting.

304/14 Declarations of interest and party whip

Councillor V. Woodruff declared an interest as an employee of Walsall Healthcare Trust.

305/14 **Local Government (Access to Information) Act, 1985 (as amended)**

Resolved

That the public be excluded from the meeting during consideration of the items set out in the private agenda for the reasons set out therein and Section 100A of the Local Government Act, 1972.

306/14 **Minutes**

The minutes of the meeting held on 30 January, 2014 were agreed.

Resolved

The minutes of the meeting held on 30 January, 2014 were approved as a true and accurate record.

307/14 **3rd Quarter Financial Monitoring**

The Finance Officer informed Members that there were some inconsistencies in the summary sheet and in the body of the report. It was clarified that the correct figures were in the body of the report. There was also no appendix, although the report indicated that there was. The Integrated Community Equipment Service (ICES) pooled budget is forecast to fully utilise the resources available and overspend the budget. The overspend would be split between the Council and Walsall Clinical Commissioning Group (CCG), although discussion was underway as to how this was split.

Officers clarified that the £156,000 underspend in public health was ring fenced to the public health budget.

The Interim Executive Director (SCI) stated that there had been a substantial number of savings in 2013/14 budget which were not realisable, and action had been taken to rectify this.

308/14 **Update on Service Transformation Plans for Adult Services - Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT)**

Officers stated that the report provided a progress update to the Panel on the Trust's service transformation for adult mental health. The focus of the report is on the 3 new services that were implemented in 2011/12, these are:-

- Early Access Service (EAS)
- Community Recovery Service (CRS)
- Transfer and Transition Team (TTT)

These services continued to be monitored and evaluated, key performance indicators (KPI's) were one way this was completed.

Members asked for further explanation of 'reduced teams'. Officers clarified that although there were fewer teams, they were treating the same patient cohort, however, it was a more streamlined approach.

Members asked if the psychology services waiting list had improved. Officers explained that there was an inherent problem with the waiting list, improvements had been made to the way the service was delivered. Members asked for more in-depth information on processes and pathways as referred to in the report.

Members raised several clarification points as below:-

- How the 3rd sector was used to support individuals once they were discharged. It was explained that there were several options when referring people and integrated staff sitting in integrated teams;
- KPI's were discussed with service users but not led by service users. KPI's were issues that could be monitored and reported on and often underpinned by performance management data;
- Service users did not sit on the Board, this was due to clear direction from Monitor about what constituted a Board. Therefore, there is a formal governance structure, and infra-structure which allows service users with direct experience of services to contribute, a report on their views goes to the Quality and Governance Committee;
- Members asked for re-assurance that the Mental Health Trust had a contingency plan in place for an increase in demand. Officers stated that the community services were aimed at responding to different levels of needs, depending on the presentation of the case;
- Gaps existed in the out of hours child and adolescent mental health (CAMHS) service, it was confirmed that this service was not currently provided by DWMHT.

Resolved

That more information is received:-

1. Processes and pathways;
2. Psychology service waiting lists;
3. Response to Member concerns about Anchor Meadow;
4. The corporate risk register for DWMHT.

309/14 Public Health Contracts

Officers informed the Panel that the report indicated how resources were used to commission services through contracts, how those were performance managed and their impact on public health outcomes. It was hoped that the format, style and level of detail in the report would be refined over time.

Infant Mortality

Members stated that this should be a priority as it had a devastating effect on families and individuals, more support needed to be provided to families. Members asked how services are co-ordinated if things go wrong. The Director of Public Health stated that there was a significant interest from a range of people.

The Children's and Young People Scrutiny Panel had received a more detailed report and it was agreed that this would be sent to Members. Also a 'deep dive' into infant mortality would be commissioned into infant mortality. The East/West divide was discussed. Officers explained that although this had improved in the last 20/30 years the gap persists. The number of health visitors in Walsall was below the recommended average. Members were informed that health visitors were being trained to combat this.

Healthy Weight

Officers stated that work on healthy weight had been done in partnership with Planning and Highways to try to achieve a preventative approach. Free swimming was an example of this scheme. Reception and Year 4 obesity had come down, although Year 6 remained a challenge. Food Dudes was a successful programme which covered 28,000 children. Healthy vending, including an approved list of dietician approved items was being progressed.

Smoking

The Stop Smoking service was retendered during 2013/14, with 8 provider agencies. E-cigarettes have also had a significant impact on performance for 2013-14 which were popular among young people. Although it was hoped that regulations would come in to ban the use for under 18's. Members asked what could be done to stop organisations allowing people to smoke outside buildings. Officers informed Members of the Tobacco Control Programme and it was hoped that smoking outside of organisations could be influenced through this programme.

Alcohol and Drugs

The Panel were informed that 2,000 individuals were dependent on opiates/cocaine in Walsall. The success rate for alcohol treatment is very high but the numbers of people entering treatment is relatively low. However, the success rate for drugs remained low, which is a consistent picture across regional and national comparative services. Walsall Healthcare Trust officers stated that a high number of patients who had been admitted more than 4 times had a drug or alcohol dependency.

The report was noted.

310/14 Urgent Care Review

The report was presented as an update on the progress of the development of an emergency care strategy for the Borough of Walsall. The review had shown that people using the services were confident about them, although there was confusion amongst people who did not use the services.

A long list of options for a future urgent care system were being developed. It was agreed that the Health Scrutiny Panel would be sent the long list of options. Members requested that methods of consultation were included in any future reports.

311/14 **End of Life Care**

The Panel were provided with an update on the development and progress against the Walsall Healthcare Trust's existing End of Life Action Plan.

The Liverpool Care Pathway was discussed and the significant media outcomes, the use of the pathway would be stopped from July, 2014. The Hospitals Special Care Team audits care notes of individuals who have died in both the hospital and the community. There was also a national audit, of which the results would be out in Spring. Members were informed that where individuals and families are comfortable their story is collected so that professionals can have this information at hand, however, this is never done without individual's consent.

St. Giles Hospice could provide some specific care to specific patients, which would otherwise be provided in a hospital. The Interim Executive Director (Social Care and Inclusion) stated that social care could play a key role in supporting families and that the Council would be keen to a more integrated approach. Members asked if officers were confident that this was possible. Officers explained that there was an opportunity to do this through the 'Better Care Fund' which was aimed at integrating services.

Members were informed that an ongoing cross health and social care economy review group, where a range of people were involved, as it was now recognised that healthcare was not just the acute provider's responsibility.

The Chair stated that the Mott McDonald review highlighted the need for integration and opportunities existed for health services to move forward together. Officers informed the Panel that Walsall was recognised for its work on integrated working.

312/14 Work Programme and Forward Plan

The Work Programme was noted. Members were asked to make suggestions for topics for the 2014/15 work programme.

313/14 Date of next meeting

It was noted that the next meeting would be 11 March, 2014 at 6.00 p.m.

Termination of meeting

There being no further business, the meeting terminated at 8.05 p.m.

Signed:

Date: