

SOCIAL CARE AND HEALTH SCRUTINY AND PERFORMANCE PANEL CALL-IN

Thursday, 18 December, 2014 at 5.30 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor C. Jones
Councillor G. Sohal
Councillor R. Burley
Councillor C. Clews
Councillor J. Fitzpatrick
Councillor E. Hazell
Councillor E. Russell
Councillor H. Sarohi
Councillor D. Shires

Portfolio holders Present

Councillor D. Coughlan
Councillor I. Robertson

Officers Present

Richard Kirby – Chief Executive Walsall Healthcare Trust
Paulette Myers – Consultant in Public Health
Phil Griffin – Strategic Lead (CCG)
Keith Skerman – Executive Director (SCI)
Andy Rust – Head of Joint Commissioning
Tina Faulkner – Communications Officer
Nikki Gough – Committee Governance and Business Manager

378/14 Apologies

Apologies were received on behalf of Councillors T. Jukes, M. Bird, and L. Rattigan.

379/14 Substitutions

The following substitutions were received for the duration of the meeting; -

Councillor C. Jones substituted for Councillor T. Jukes
Councillor G. Sohal substituted for Councillor M. Bird

380/14 **Declarations of interest**

There were no declarations of interest or party whip for the duration of the meeting.

381/14 **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.

382/14 **Minutes**

The Minutes of previous Social Care and Health Scrutiny and Performance Panel meeting held on 6 November, 2014 and 18 November, 2014 were approved as a true and accurate record subject to the following amendment, that Councillor E. Hazell was included in the attendance list on 18th November 2014.

At the request of the Chair the Panel agreed to receive item 8 prior to item 6.

383/14 **Report on NHS England's next steps towards primary care commissioning**

Members were informed that CCG's had been given the opportunity to assume greater influence over the commissioning of primary care services and this had the potential to bring both risks and opportunities. Officers explained that Panel member views were being sought on its preferred option and the reasons why. The following three options were discussed; -

Option 1 - Greater involvement in primary care decision-making was in effect what is currently happening.

Option 2 - Joint commissioning

Option 3 - Delegated commissioning – meaning all budgets would be delegated to the CCG.

Officers informed Members that timescales were tight if the CCG were to apply for full delegation; however timescales were more generous for joint delegation. The CCG's initial view was that option 2 was a good start and that moving to option 3 could be done later. A member asked which option would best address inequalities in the borough. In response officers stated that options 2 and 3 would enable the CCG to influence spending more and

through the quality and outcomes framework inequalities could be addressed. When discussing GP hours, Officers explained that this may need a growth in staff and this would be a financial cost. The Chair asked how the issue of conflicts of interest would be dealt with in joint or full commissioning. The Strategic Lead stated that further guidance had been issued and this needed to be worked through and a tight procedure needed to be operated. The Executive Director suggested that NHS England would continue to provide support if needed through the area team. The CCG and the Council would have control over the prioritisation of spending. The strategic Lead suggested that the Health and Well Being Board had supported option 2 and the progression to option 3. The Portfolio Holder for Public Health stated that the Board felt that supporting option 2 was a reasonable cautious step, and added that conflict was always present. Members suggested that they did not have enough information to support an option.

Resolved that

The report was noted, and the Panel would await further information when it becomes available.

The Panel agreed to received item 9. Local Account prior to item 6.

384/14 Local Account 2013/14

Officers informed the Panel that this report was the annual report for Walsall Councils Adult Social Care and Inclusion Directorate. The Executive Director for Social Care explained the strengths and weaknesses of the Social Care directorate. The strengths included personal budgets, direct payments and carer's assessment. Weaknesses included finding employment for people with learning disabilities and mental Health and reviewing people already receiving care. Officers explained that this was because new demand was prioritised and there was a capacity issue but this was being dealt with and figures should be better than last year. New computer systems should assist in reducing the backlog.

The panel noted the report.

The Panel agreed to receive item 10 prior to item 6.

385/14 Outcome of Consultation of Future of Fallings Heath.

Officers stated that the report described the outcome of the consultation on the future of Fallings Heath and the subsequent consideration of the options. Members were informed that Cabinet recommended that Fallings Heath remained open and that a range of social care services were reviewed and delivered differently. The Chair asked for the financial model which would reduce unit costs. Officers stated that staff would be aligned to meet demand, the service would also be opened up to other family carers, and a strong

response had been received. This facility would also ensure that the Council was compliant with the Care Act.

Resolved that;

The Panel supported Cabinet recommendations.

386/14 Demand Management in the Walsall Health economy

Councillor M. Longhi declared a personal non pecuniary interest in Pelsall Village Centre. The Chief Executive of Walsall Healthcare Trust informed Members that A and E numbers were broadly stable or slightly down. The issue for the hospital was the rate at which people were admitted to wards. Measures taken to reduce pressure on the hospital were discussed. Members discussed issues in a person's life that may impact upon their health and the Chief Executive of Walsall Healthcare Trust stated that work with GP's and community teams was underway and there was a huge amount of potential which needed to be exploited.

Members requested further information on Badger out of hours GP service, it was agreed that a briefing would be provided to Members in the future. A scheme had been commissioned by the CCG to provide a care and medicines review for the over 75's. Members expressed concern that GP practices should be doing this already. Officers confirmed that extra staff had been recruited to support this team and if GP's did not carry out reviews money would be clawed back.

387/14 Urgent Care Review

Officers informed Members that an outcome to the review of urgent care in Walsall had been reached. This was that the CCG was committed to a single point of collocation at the Hospital. However an immediate short term transition was to support a town centre option. Premises had been identified in the Saddlers Centre and a decision would be made in January about the level of capital funding required to make the premises suitable. Important work would also continue on promoting NHS 111. The Panel were also informed that a contingency scheme had also been identified in case the Saddlers Centre property could not go ahead or until the new centre was operational and this was to run the walk in centre from Pelsall Village Centre.

Members raised some clarification points about the Saddlers Centre premises, including the opening times of the Saddlers Centre which officers confirmed were not tied into the security of the shopping centre as there was an off street entrance also. This was affordable within the existing revenue stream, the capital costs would be secured through NHS England. Members suggested that GP practices could be more flexible to meet the population's needs. Officers suggested that some activity undertaken at the walk in centre should be done at GP Practices.

388/14 Review and Update of Mortality Rates

The Panel were informed different methods of calculating mortality and that each month mortality figures were reported to the board. Members were assured that Walsall was not an 'outlier' in respect to figures and that nationally across the country mortality rates had come down 5-10%. The Consultant in Public Health presented to the Panel (annexed) and explained that they were assured that the mortality figures were accurate.

Members agreed that they felt reassured by Walsall Healthcare Trust and by Public Health that mortality figures are an accurate description of activity in the Hospital.

Members agreed to suspend standing orders and continue past three hours.

389/14 The Care Act and the Children and Families Act, 2014 (Support for Carers)

Officers explained that the briefing outlined key aspects of the Care Act, the new duties it brings, what it meant for citizens, and what it meant for the Councils and its partners. Members were informed that the Act will come into force in two stages; April 2015 and 2016. A cross directorate Care Act Implementation Board was established in February 2014. Officers described the activity underway to ensure the Council was ready for the legislation, such as the development of a web portal so that people will be able to self assess.

390/14 Charging Policy Review

This report outlines pre-consultation activity around the current charging arrangements for Walsall adults who receive community social care services. Councils do not have to charge for services. However, if they decide to do so, they must follow guidance issued by the Department of Health - Fairer Charging guidance. Like most other councils, Walsall has a policy that asks people to pay towards the cost of their care services. This collected £4 million towards a £60 million budget. Community social care services include home care, day care, supported living and extra care housing schemes. They also cover community alarms and respite – when these are part of a whole package funded and/or arranged through the council. The plan was to put all charges for these services into one account as a single charge in a move towards direct debits and online payments. Financial systems were being upgraded to cope with these demands.

391/14 Work Programme and Forward Plan

The work programme and forward plan were noted.

392/14 **Date of next meeting**

The date of the next meeting was agreed as 29 January, 2015, at 6pm.

Termination of meeting

There being no further business the meeting terminated at 8.55pm.

Signed:

Date: