

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

TUESDAY, 3rd NOVEMBER 2015 at 6.00 p.m.

Conference Room, Council House, Walsall

Committee Members Present

Councillor M. Longhi (Chair)
Councillor E. Russell (Vice-Chair)
Councillor G. Clarke
Councillor E. Hazell
Councillor A. Hicken
Councillor I. Shires
Councillor D. Coughlan
Councillor J. Rochelle
Councillor I. Robertson
Councillor P. Bott

Portfolio Holders Present

Councillor E. Hughes (Care and Safeguarding)
Councillor R. Martin (Public Health and Well-being)

Officers Present

Amir Khan - Medical Director - Walsall Healthcare Trust
Richard Kirby – Chief Executive - Walsall Healthcare Trust
Anne Carswell – Head of Community Care
Jane Evans – Retired Independent Chair of Adults Safeguarding Board
Alan Critchley –Independent Chair of Adults Safeguarding Board
Tracey Evans – Lead Accountant, Finance
John Wicks – Interim Head of Commissioning
Nikki Gough – Committee Business and Governance Officer.

21/15 Apologies

Councillor T. Jukes gave her apologies for the duration of the meeting.

22/15 Substitutions

There were no substitutions for the duration of the meeting.

23/15 Declarations of interest and party whip

There were no declarations of interest or party whip.

24/15 Minutes of Previous Meeting

The minutes of the previous meeting held on 24th September 2015 were approved as a true and accurate record subject to a point of clarity raised by Councillor Diane Coughlan which was that the following was included in the minutes 'In response to questioning from Members Keith Skerman confirmed that agency staff would be used by the Social Care Directorate'.

25/15 Mortality rates at Walsall Healthcare Trust

The Chief Executive of Walsall Healthcare Trust introduced the report on mortality rates and stated that the report provided an update for the Trust Board on hospital mortality and mortality from 30 days following discharge from hospital. Although the Trusts Hospital Standardised Mortality Rate (HSMR) had been higher than desired - actions had been taken by the Trust and this had worked to lower the rate. The Committee were advised that there had been a shift in the complexity of patients admitted to the Trust. Another measure of mortality was the Summary Hospital Mortality Indicator (SHMI) which included deaths within 30 days of discharge. The SHMI rate was high at the Trust but still within the expected range. It was noted that this measure did not account for deprivation. Categories which featured on the SHMI with more deaths than expected received specific attention from the Trust; -

Specific attention has been given to these categories to consider the reasons why they were featuring more highly in the SHMI. Members questioned if people were being discharged too quickly. Officers were asked to provide a breakdown of the number of days after discharge patients died for the categories listed.

The Chief Medical Director informed the Committee that infant mortality was a measure of mortality within a year of birth and perinatal mortality described mortality in the first week of life. Members agreed that this needed further discussion at a future meeting.

Resolved that; -

1. Infant and perinatal mortality is considered at a future meeting
2. The following information is provided to Members;—
 - Further detail on the number of deaths whilst in attendance at the A and E department in August,
 - A breakdown of mortality rates by age group,
 - Walsall Healthcare Trust's policy on end of life care and
 - Of those people who died after discharge how many were on the end of life pathway?
 - Members received a breakdown of a breakdown of the number of days after discharge patients died for the categories listed below;
 - Respiratory failure,
 - Septicaemia,
 - UTI,

- Acute Bronchitis,
- Senility and Organic Mental health disorders,
- Skin and subcutaneous tissue infections,
- Chronic ulcer of the skin.

26/15 Walsall Patient's use of Hospitals other than Walsall Healthcare Trust

Officer stated that the report [annexed] had been produced in response to requests from Members at a previous meeting. The report illustrated that the majority of care was delivered by Walsall Healthcare Trust. In some cases patients attended those Trusts which specialised in certain conditions and in other cases the NHS commissioned elected or planned care from private providers. Table 2 gave a detailed breakdown of care that wasn't delivered in Walsall. There had been an increased use of other hospitals for elective care due to long waiting lists at Walsall Healthcare Trust.

Members expressed concern that data presented at area panel level may be affected by resident's use of hospitals which were not Walsall Healthcare Trust. Concern was also expressed about care packages received by residents after discharge from a hospital other than Walsall Healthcare Trust. The Chair stated that the CCG were commissioning services from New Cross and questioned how integration with community care was working and the impact that this may have on the patient. Frequent flyers were also discussed and the difficulty in identifying them if they were presenting at New Cross rather than Walsall Healthcare Trust. The Executive Director for Social Care explained that in principle care packages for people who received care out of borough were the same.

The Interim Head of Commissioning stated that the CCG were working on a pilot in Darlaston which identified people at risk of admission and the Committee were informed that GPs were excellent at identifying individuals. A Member raised concern that patients do not receive continuity of social workers. Officers agreed to provide some further information on this issue. Member stressed the need to consider the whole family situation when providing care for an individual.

The Committee were informed that Staffordshire Council had staff based in Walsall to facilitate discharge. Members were informed that initial referrals from GPs should include a discussion about choice of where to be treated. A Member questioned how self funders were supervised. Officers agreed to respond to this issue outside of the meeting.

In response to concerns raised Officers stated that issues around out of borough care which may have been unplanned were being considered and improved to ensure that the system picks them up at a earlier point to alert the social care system that they will need looking after.

27/15 Safeguarding Adults Board Annual Report

The retired Chair stated that this was her third and final report. The adult Board was now statutory and developments nationally had increased its workload. The current

Chair gave thanks for the report and stated that they had the opportunity to do some joint work and look at services that they were concerned about. The Chair welcomed the report but suggested that evidence and examples would have strengthened the report. After a discussion around the issues Members agreed that as a Committee they needed training on adult safeguarding and further engagement on the issues. The Chairs were asked if the Board had the resources to undertake its role effectively. In response Members were informed that the Board was funded and it made good use of the finances available.

Resolved that; -

1. That the Panel endorses the Walsall Safeguarding Adults Board's Annual Report 2014-2015
2. The LGA briefing on safeguarding is circulated to Members of the Committee

28/15 Review of Adult Social Care Supported Employment and Day Services

The Portfolio Holder introduced the report and stated that scrutiny was invited to consider and provide comment on the options contained within the report as part of the consultation process. Members were informed that people have had opportunity to attend consultation events and engage in the consultation process. The Executive Director stated that the user and career session had been well attended. Feedback had included the need for individuals to understand what the options meant for this. As a result of feedback the consultation had been extended by a month.

The Portfolio Holder stated that the service had been set up at a particular point of time and this now needed revisiting to ensure that people's needs were being met. Concern was expressed that users would have difficulty adapting to new arrangements.

Officers explained that learning disability day services experienced high levels of satisfaction with staff however high take up of the service was low. If services were transferred to two different locations then a much wider range of activities would be provided and this may improve take up and may allow friendship groups to continue. Members were informed that in comparison the 'Links to work' service had high take up rates but in the longer term it was not fit for purpose. There were opportunities for the group to transfer to alternative activities in the future. It was stressed that the transfer would take a number of months to ensure individuals were cared for adequately. However Officers stated that they needed to be clear that high cost services could not be provided to individuals with low to moderate needs however alternatives would be provided. In response to a query from a Member the Portfolio Holder confirmed that no one would be left without provision. It was stressed that there was no criticism of staff providing the service.

The following were principal points ensuing from discussion;

- A Member queried the pricing structure of pricing for rent of premises used for day care centres,
- A strong desire was expressed for Moxley People Centre to stay open as it was integrated in the community and services should stay local,

- The impact on service users should be the priority and they should be put at the heart of all proposals, and consideration should be given to wider families.

Officers confirmed that the impact of withdrawing a service would be evaluated and presented to Cabinet in the report.

A Member of Public indicated to speak as a staff member from Links to Work. He informed Members that no new referrals had been made to the service for 4-5 years. He expressed the view that the individuals involved should be given consideration and changes to the service should not be centred about finances.

The Committee agreed to suspend standing orders to continue the meeting past 3 hours in duration.

The Committee discussed transportation and the difficulties individuals may face if services were moved locations.

Resolved that

That Cabinet be advised that the Social Care and Health Overview and Scrutiny Committee received the 'review of social care employment and day services' Cabinet report. This was debated extensively; however, the Committee remain unclear on Cabinet's final proposals or preferred option. On the basis of change taking place the scrutiny committee assert that service users should be at the heart of the process. Consideration should be given to ease of access and timeliness to enable service users to adapt to any new arrangements. Both service users and their families should be assessed to ensure that the impact on them is understood. The scrutiny committee will await a final recommendation from Cabinet.

Councillor P. Bott voted against the recommendation.

29/15 Corporate Financial Performance – Quarter 2 Financial Monitoring position for 2015/16

The report summarised the forecast revenue and capital outturn position for 2015/16, based on the financial performance for the first 5 months (August) of the financial year, for services within the remit of the Social Care and Health Overview and Scrutiny Committee. The Committee were informed that the forecast 2015/16 position yearend financial position was a revenue over spend of £9.02m however after earmarked reserves and action plan this overspend was reduced to £3.563m. Cabinet had agreed to allocate additional reserves of £3.5m which would negate the overspend forecast at month 5. Officers confirmed that this left the Council with £7.5million in reserves and the section 105 officer was aware of this decision. Officers were asked for assurances that this situation would not reoccur next year. Officers confirmed that Cabinet would be looking at potential ongoing overspend as part of the medium term financial outlook. It was a serious situation; a recent peer challenge had taken place and the outcome of this would be taken to the next meeting.

Members expressed concern that without qualified social workers pressures within the service would remain. Officers stated that plans for certain tasks handled by lower level staff would reduce the work load on social workers. A range of career progression schemes were planned to alleviate the problem.

A Member asked the following questions; -

- What was the progress on the charging system review?
- Will Mosaic be implemented as expected and what will the benefits be?
- How would officers deal with the possibility of vulnerable users moving into Walsall from outside of the area?

Officers agreed to circulate a written response to update Members on the Charging Policy. Officers stated that Mosaic will be implemented as expected. Members were informed that social workers would be assessing vulnerable individuals in receipt of housing benefit.

Resolved that;

1. To note that the forecast 2015/16 year end financial position for services under the remit of the Social Care and Health Overview and Scrutiny Committee, is a revenue over spend of **£3.563m**, (net of the use of earmarked reserves and assuming the full implementation of currently undelivered action plan items). Prior to the use of reserves and implementation of the undelivered action plan the over spend is **£9.020m**.
2. To note that the forecast 2015/16 capital position is that the resources of £1.920m will be fully utilised in year.
3. To note the actions being taken to address the areas of over spend.

30/15 Resource allocation 2016/17 to 2019/20

The report outlined the portfolio plans for future delivery for the Adult Social Care element of Care and Safeguarding portfolio and the Public Health and Wellbeing Portfolio. This includes Cabinet's draft revenue budget proposals for 2016/17 to 2019/20 for consultation, for the panel to consider and make recommendations to Cabinet if they choose.

The Panel were reminded of the magnitude of savings that were required. Members of the Committee questioned if the draft proposals were realistic. The Executive Director expressed confidence that the figure was realistic.

A Member raised concerns about savings reference 9, 11, 25, 29 on page 9 of the report (annexed). Concerns about lack of social workers in relation to these savings were raised. It was also stated that there was no further detail on savings reference 10 to allow Members to read and understand. Officers reassured Members that alongside Cabinet's savings proposal was a commitment to invest in social workers.

The Chair stated that it would be difficult for the Committee to make a meaningful recommendation on the draft revenue budget. It was suggested that a special meeting would be arranged.

Resolved that

The Social Care and Health Overview and Scrutiny Committee would hold a special meeting, prior to budget submission to Cabinet on 16th December, to consider the Resource allocation 2016/17 to 2019/20.

31/15 Work Programme and Forward Plan

The Clerk to the meeting informed Members that the Corporate and Public Services Overview and Scrutiny Committee had established a Welfare Reform Working Group. A Member from the Social Care and Health Overview and Scrutiny Committee was invited to join its membership.

Resolved that;

Councillor D. Coughlan is nominated to join the membership of the Welfare Reform Working Group.

Termination of Meeting

There being no further business, the meeting terminated at 9.45 p.m.

Signed:

Date: