

HEALTH SCRUTINY AND PERFORMANCE PANEL

Monday, 5 March, 2012 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor V. Woodruff (Vice-Chair)
Councillor R. Carpenter
Councillor S. Fletcher-Hall
Councillor R. Martin
Councillor I. Robertson
Councillor E. Russell

Officers present

Paul Davies, Executive Director, Social Care & Inclusion
Salma Ali, Managing Director, NHS Walsall
Andy Rust, Head of Vulnerable Adults & Joint Commissioning Unit
Gary Graham, Chief Executive Officer, Dudley and Walsall Mental Health Partnership NHS Trust
Marsha Ingram, Director of People & Corporate Development, Dudley and Walsall Mental Health Partnership NHS Trust
Les Williams, Strategy & System Planning Lead, Black Country PCT Cluster
Richard Haynes, Assistant Chief Executive - Black Country PCT Cluster
Lloyd Haynes, Finance Account Manager
Matt Underhill, Scrutiny Officer

144/12 Apologies

Apologies were received for the duration of the meeting from Councillor B. McCracken and Councillor D. Turner.

145/12 Substitutions

There were no substitutions for the duration of the meeting.

146/12 Declarations of interest and party whip

There were no declarations of interest or party whip identified at this meeting.

147/12 Minutes

The minutes of the previous meeting were noted.

Resolved

That the minutes of the meeting held on 24 January 2012, copies having previously been circulated be approved as a true and accurate record.

148/12 Dudley and Walsall Mental Health NHS Trust – Service Transformation update

The Chief Executive Officer and the Director of People & Corporate Development, Dudley and Walsall Mental Health Partnership NHS Trust introduced the report (annexed). The following is a summary of the briefing and subsequent discussion:

- It was explained that the Trust had already met its financial savings targets within its Year 1 Plan (2011/12). Significant progress had also been made in a number of areas during Year 1. This includes the successful Enhanced Primary Care services which have been offered in GP practices in Walsall and have now been extended into Dudley. The Panel also heard that demand for the Memory Service continues to grow, while in respect of the Early Access Service (EAS), treating people with moderate to severe mental illness, a number of plans have been developed which aim to provide a simplified route for accessing the service. The introduction of the EAS has been phased with the first Early Access Team scheduled to operate from April 2012. To support the transfer of Trust services users to GPs, the Transfer and Transition Team has been established, with plans of up to 6 months used;
- Activity in relation to Year 2 Plans (2012/13) includes collaborative working with the Criminal Justice Service (CJS). However, it has been determined not to pursue a new working model for the Substance Misuse Service (SMS) as the current proposals do not meet sufficiently meet objectives across local health partners. Following a Panel query it was explained that the split of £6m of funding received placed a focus on the treatment of illegal drug users rather than alcohol users. However, the Joint Strategic Needs Assessment (JSNA) would serve to highlight the local importance of this issue, as it would in relation to teen pregnancy;
- Following a Panel query it was explained that the management and security of patient information had been significantly improved by the migration from five to one system. This reinforced the changes being made to streamlining the routes used to access services. It was also explained that referrals for working age individuals would be via a GP. The Head of Vulnerable Adults & Joint Commissioning Unit emphasised that standardising the process for accessing services was also a key activity for GPs in the Clinical Commissioning Group (CCG);
- In response to a Member query regarding consultation activity related to changes at the Trust, the Director of People & Corporate Development explained that significant activity had been undertaken, with the level of recent consultation endorsed by the Department of Health. It was agreed

that the details of an individual with concerns regarding consultation would be provided and their concerns investigated;

- In response to a further Panel query it was explained that the timescale from referral to assessment was four months. It was explained that this reflected a successful service but one which had limited capacity. Officers also noted the increase in cognitive impairment and organic illness as a further pressure on services. Addressing this issue formed part of service redesign plans being developed by local partners including PCT, CCG and the Council which were focused not only on diagnosis, but also support and re-ablement. The Panel heard that the Dementia Strategy also formed part of this activity;
- In response to an additional Panel query it was explained that as the changes to services had yet to be implemented it was difficult to be certain about the impact on service users. However, rigorous tracking of quality and risk management was now in place as part of the process of ensuring that service users received a high standard of care.

Resolved

- (1) That the Panel receive a report regarding the Memory Service at its next meeting;

and

- (2) The report be noted.

149/12 Health and Social Care Bill

The Chair explained that this item would be considered earlier than in the published agenda. The Assistant Chief Executive, Black Country PCT Cluster (BCC) introduced the report (annexed). The following is a summary of the update and subsequent discussion:

- The Bill introduces significant changes that will impact on local health provision. This includes the abolition of PCTs and Strategic Health Authorities (SHAs), the formation of GP-led Clinical Commissioning Groups (CCGs), as well as the transfer of Public Health functions to councils and Public Health England and the establishment of Health and Wellbeing Boards. It was explained that the membership of the Health and Wellbeing Boards included Members, the Executive Directors for Adult Social Care and Children's Services, together with representatives from Public Health, the PCT and the CCG, with the Executive Director for Neighbourhood Services also co-opted onto the Board;
- The Black Country Cluster of PCTs was formally established in April 2011;
- There is now a single CCG for Walsall which has secured a green rating from the SHA to progress to the next stage of the authorisation process;
- A Commissioning Support Service is being developed to provide a range of back office functions, including HR and finance, to CCGs;

- Year One challenges include supporting staff, focusing on the day job and ensuring that the quality and safety of the patient experience is maintained;
- In relation to the transfer of Public health functions from NHS Walsall to the council it was explained that part of the process involved determining what constituted the Public health asset. It was further explained that the associated funding for the local authority area is given at £13.4m, which equated to £49 per head of population. A benchmarking exercise had been undertaken and while £49 per head of population was consistent with regional and statistical neighbours it was apparent that there was significant variation in the range of funding received. For example, in Stoke on Trent the figure was £79 per head of population. This has prompted the Chief Executive of Walsall Council to write to the Department of Health to highlight this issue;
- Following a further Panel query it was explained that many of the changes now underway were unlikely to be reversed even in the event of the Bill being rejected by Parliament.

Resolved

- (1) That a further update be received by the Panel on the progress of the Bill and local transition at a future meeting;

and
- (2) the report be noted.

150/12 Clinical Commissioning Group

The Chair explained that this item would be considered earlier than in the published agenda. The Managing Director, NHS Walsall introduced the presentation (annexed). The following is a summary of the briefing and subsequent discussion:

- The PCT will be abolished in April 2013, with the CCG taking over the commissioning of health services for Walsall residents. It was anticipated that 80% of the commissioning of services would be undertaken by the CCG;
- The process of moving from two CCGs to one included a risk assessment, sign-up by member practices, a development stage, building partnerships, engagement and collaboration;
- The CCG has to be authorised in order to be established as a statutory body. This is a formal process requiring the CCG to evidence capability across six authorisation domains, including clinical focus and added value, engagement with patients, carers and the community, as well as capacity and collaboration. Progress to date includes taking on responsibility for the delivery of the Quality, Innovation, Productivity and Prevention Programme (QIPP) and joint clinical forums for acute and mental health. In addition, work has been undertaken to develop a constitution and

governance arrangements, while the CCG is now a member of the Clinical Senate;

- The Executive Director, Social Care & Inclusion explained that GPs had taken on the new local responsibilities in a commanding way, successfully managing the significant burden of new responsibilities in addition to their clinician functions. He emphasised that it was critical to ensure that the CCG was successful as if not then it would be a significant risk of a loss of local control of these arrangements;
- In response to a Panel query it was explained that technical contract management support would be provided to CCGs as part of the commissioning process, including from the Commissioning Support Service. The Head of Vulnerable Adults & Joint Commissioning Unit also explained that a significant element of local arrangements sat within the Joint Commissioning Unit which had established effective coordination of activity with GPs, but it was clear that GPs led the process;
- In terms of risks the issue of loss of PCT staff during the transition period was highlighted, together with a recognition of the importance of ensuring that high standards of quality and safety in the patient experience were maintained.

Resolved

That the report be noted.

151/12 Black Country System Plan Development

The Chair explained that the report provided an overview of the System Plan as the process of gaining SHA approval was still to be completed. The Strategy & System Planning Lead, Black Country PCT Cluster introduced the report (annexed). The following is a summary of the briefing and subsequent discussion:

- The System Plan supports CCGs in meeting local and national requirements. It is being produced through an iterative process, with contributions being made by a range of local partners, including the council. It also forms an integration plan from 2012/13 – 2015 as part of the transition of Public health to the council;
- The System Plan includes how the QIPP approach will be developed through to 2015, it also provides a summary on local and national health targets. In addition, it sets out the five ambitions of the SHA, as well as the vision of the BCC, together with the priorities of the CCG;
- The System Plan also sets out how the local NHS is implementing the requirements of the Health and Social Care Bill, together with guidance on how the strategy will be developed during 2012/13 for acute and community services, as well as for mental health and learning disabilities services.

Resolved

- (1) That the Panel receive further guidance in relation the System Plan once the document has received Strategic Health Authority approval;

and
- (2) The report be noted.

152/12 Quarter 3 Financial Monitoring Position for 2011/12

The Finance Account Manager introduced the report (annexed). The following is a summary of the briefing and subsequent discussion:

- The Learning Disabilities (LD) service is forecasting to deliver £1.62m of savings during 2011/12. However, the pooled budget is forecasting an overspend against budget of £3.1m. This is a result of ongoing pressures on placement budgets from previous years. The forecast overspend will be funded by partners as per their contribution to the pooled budget, with £866k (28%) being funded by the PCT and the remainder, £2.29m (72%) being funded by the council through planned underspends elsewhere within the Directorate budget;
- The Executive Director explained that the service was on the correct long-term trajectory to reduce the number of costly out of borough placements which represented a current spend of £15m. However, it inevitably took an extended period of time to reduce the number of placements, although significant success had been achieved in reducing the number from 200 to 140 over the last two years. He also explained that further out of borough placements would be permitted, but only if it could be demonstrated that the necessary skills did not exist in Walsall to provide the appropriate community care packages, as a result no further out of borough placements have been made to date. It was estimated that it would probably take up to another two years to reduce the number of out of borough placements to zero;
- The Executive Director also highlighted the significant increase in the number of compliments that the Directorate has received (184), while the number of complaints (140) had only increased in line with other councils and was also at a time of major changes to services.

Resolved

That the report be noted.

153/12 Work Programme 2011/12 and Forward Plan

The Panel agreed to consider the Memory Service and the Joint Strategic Needs Assessment; with the Dementia Programme to also be considered at a future meeting.

Resolved

- (1) That the Panel consider the items as set out above;
and
- (2) The work programme and Forward Plan be noted.

154/12 Date of next meeting

The Chair informed Members that the date of the next meeting would be 24 April 2012 at 6:00pm.

Termination of meeting

The meeting terminated at 7.31 p.m.

Signed:

Date: