

## **SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE**

**Thursday 19<sup>th</sup> April 2018**

**Conference Room 2, Council House, Walsall**

### **Committee Members Present**

Councillor M. Longhi (Chair)  
Councillor H. Sarohi  
Councillor D. Barker  
Councillor S. Ditta  
Councillor E. Hazell  
Councillor A. Hicken  
Councillor J. Rochelle  
Councillor K. Phillips

### **Portfolio Holders Present**

Councillor D. Coughlan – Social Care  
Councillor I. Robertson – Health

### **Officers Present**

#### **Walsall Healthcare Trust**

Richard Beeken – Chief Executive

#### **Walsall CCG**

Simon Brake – Chief Officer

#### **Walsall Council**

Paula Furnival – Executive Director (Social Care)  
Ian Staples – Commissioning Lead  
Nikki Gough – Democratic Services Officer

### **Other Attendees**

Councillor J. McMahon – Staffordshire County  
Council

### **74/18 Apologies**

Apologies for absence were received on behalf of Councillors B. Allen, D. James, and T. Jukes.

### **75/18 Substitutions**

There were no substitutions for the duration of the meeting.

### **76/18 Declarations of Interest**

There were no declarations of interest for the duration of the meeting.

## **77/18 Local Government (Access to Information) Act 1985 (as amended)**

There were no items to be considered in private session.

## **78/18 Minutes of previous meeting**

The Committee considered the minutes of the meeting held on 27<sup>th</sup> February 2018.

### **Resolved**

**The minutes of the meeting held on 27<sup>th</sup> February 2018 were agreed as a true and accurate record subject to the inclusion of the following; -**

66/18 – A Member commented that the change in the size of the STP document had made it more user friendly.

67/18 – The Interim Head of Commissioning from NHS England had only been in post for 3 weeks and was not fully briefed on the issues presented to the Committee.

## **79/18 Walsall Healthcare Trust Recovery Plan**

The Chief Executive stated that he would ensure that a clear and concise answer was provided to the Committee, at a future meeting, on progress against the Trust's improvement objectives for 2018/19. The Committee were provided with a verbal update.

Members were informed that 4 priorities had been agreed for the year 2018/19. These were; -

1. Improvement in quality of service provision
2. Effective use of resources through productivity and service improvement
3. Improvement of staff engagement/cultural change
4. Clinical strategy development through collaboration with partner organisations

Elements of the Trust's priorities were described including the development of the next phase of the financial recovery programme to reduce the Trust's budget deficit. This was challenging as demand for services and complexity of needs was increasing. It was also brought to the Committees attention that the Trust may need to cease provision of some services to protect core services at the hospital. Sustainability reviews would be carried out to identify such services.

A Member stated that it was positive to hear that the challenges faced by the Trust were recognised and that improvement action had been identified. It was questioned how staff were involved in such plans. It was acknowledged that there had been a long history of low levels of engagement from staff. However the Committee were assured that frontline staff were fully involved in the development of improvement plans.

A Member asked what mitigating actions were implemented in services where the Trust were unable to recruit. The Chief Executive stated that new ways of working

needed to be considered when recruiting staff such as integration with other organisations and increasing the number of new clinical roles/generic roles.

In terms of staff culture the Chief Executive stated that there had been a normalisation of unacceptable practices for a small number of staff. This would be a focus for the Trust until it was rectified. It was hoped that this would be tackled through a new clinical leadership team and the development of a new set of values and behaviours which had been developed by staff. A Member questioned how often a staff survey was carried out, and the Committee were informed that the national survey was carried out annually however a local survey, also known as a 'pulse survey', would be carried out twice a year. In response to a discussion around ambulance activity outside of the hospital the Committee were informed that gross activity of ambulance conveyance had increased however the turnaround at Walsall Healthcare Trust was largely within acceptable limits. Strategies had been developed by the Trust to reduce demand in the accident and emergency department.

A Member suggested that integration of services with other Trusts was not without its risks and would inevitably result in lost income meaning that other services could become less sustainable. A discussion around payment by results ensued.

The Committee were informed that the maternity service continued to be a cause for concern. However the percentage of women having normal births was increasing which was an indication that the service was improving. Members queried whether the cap on the number of deliveries would be removed. The Committee were informed by the Chief Executive that the cap was as a result of the staffing ratio in the service. The cap was previously at 4,200 births, the service was currently providing services for around 3,800 births and there may be an opportunity for the number of births to increase in a planned and safe way. However further work needed completing, to address weaknesses in obstetrics, prior to the cap on the number of births being lifted. Currently natural flows of patients were going elsewhere. The Chief Officer echoed these comments and emphasised the need for an improvement in obstetrics prior to the cap on the number of births being lifted. It was also stressed that the Borough needed a well led maternity service.

A Member asked for reassurance that the midwife to birth ratio was appropriate. The Chief Executive explained that a ratio of 1 to 26/28 was ideal and Walsall Healthcare Trust was currently operating at 1 to 22. It was hoped that activity could be increased to ensure that midwives were gaining experience needed. The Chief Executive also clarified that women were able to use the birthing pool.

The Chair of Healthwatch asked for an update on the Midwife Led Unit. The Chief Executive stated that the Midwife Led Unit could only be reopened when the Trust were assured that obstetrics had improved. It was suggested that this could happen within a year. The Chief Executive was asked by a Member how midwives were supervised. The Committee were informed that a new national policy had been developed and training would be undertaken on this by staff at the Trust.

**Resolved;**

**That the report be noted.**

## **80/18 Outpatient appointments at Walsall Healthcare Trust**

The Chief Executive spoke to the report (annexed). The Chair provided the context which was that Elected Members received anecdotal reports of poor practice at Walsall Healthcare Trust, from members of the public, in relation to outpatients.

A discussion was held on Information technology and the importance of inputting accurate data. The Trust was undergoing a period of change and this would involve the training of staff. It was noted that the CQC had rated outpatients as 'good', it was also noted that most patients were booked an appointment within 28 days. DNA (Did Not Attend) rates were reducing and the Trust were considering the root cause of the problem which included offering advance bookings and issuing reminders. Availability of clinical notes was held at an acceptable level. A Member questioned how things had been done differently. The Chief Executive responded to explain that the data would be cleansed and management oversight improved.

Members challenged whether the reasons why a person did not attend a hospital appointment was collected. The Chief Executive stated that it was known that it was mostly because appointments had not been mutually agreed and people had been given short notice of appointment dates and times. Late notice of appointments appeared to be the main reason why a patient did not attend their appointment.

The Committee discussed long waiting lists and questioned what was being done to address this, the Chief Executive explained that where demand was exceeding supply the service was being scrutinised to ensure efficiency and an effective booking system. In addition the resilience of the workforce was strengthened where possible. It was also acknowledged by NHS staff that 18-20% of Walsall residents attended New Cross Hospital due to the geographical proximity.

In response to Member discussion around the text messaging system the Chief Executive stated that currently IT systems worked separately but the Trust would be considering options for one unified system.

### **Resolved**

**The report be noted.**

## **81/18 Transforming Care for adults with learning disabilities and/or Autism across the Black Country**

The Commissioning Lead presented the report (annexed), informing the Committee that this was in response to a national plan, 'Building the Right Support', produced by NHS England. The key aim being to reduce the number of people with learning disabilities in hospital beds by March 2019 and Walsall was expected to meet this target. The Committee were informed that there were currently 9 children and young people in hospital beds, of which 6 were from Walsall. The reasons for this had been escalated and plans had been agreed with NHS England. It was noted that 2 of these children although placed in Walsall were commissioned by other authorities.

It was concluded that for adults with learning disabilities and/or autism, based on projected demand, only one unit containing 10-12 beds was needed across the Black Country and that this would be based in Sandwell.

A discussion around funding arrangements with NHS England ensued and officers assured the Committee that decisions were made in the best interests of residents and that robust discussions would take place to secure agreed funding. Concern was expressed that around the number of children in inpatient/hospital beds, and officers assured Members that this was being worked on.

A Member clarified that this would mean that there would be no 'Assessment and Treatment' or 'In Patient beds' in Walsall. Officers confirmed that beds would be available across the Black Country and that Walsall residents would not lose access to this type of beds. A Member expressed concern that this could be problematic for families travelling further and there was reassurance from officers that support could be matched to individuals. The Chief Officer stated that services were provided as close to home as possible. It was noted that there would always be instances of highly complex needs cared for outside the area. The Chief Officer explained that volumes of patients were needed together to ensure that quality of care was maintained.

The Healthwatch Chair observed that this was an ambitious agenda and asked how the plans would be communicated. Officers confirmed that wider stakeholders would be engaged and the Committee were assured that there was a clear communication plan.

The Chair stressed that there was an urgent need for mental health to feature on the Walsall Together programme. The Chief Officer confirmed that mental health was seen as fundamental. A Member informed the Committee that mental health were not involved in the Multi Agency Safeguarding Hub (MASH) and stressed that this involvement was needed.

## **Recommended**

**That the item was taken to a future meeting of the committee.**

## **82/18 Walsall CCG Update**

The Chief Officer spoke to the presentation (annexed). The CCG had been advised in July 2017 that the rating 'inadequate' had been lifted and the CQC rating was now rated as 'requires improvement'. The CCG had focused on safety, quality and improved governance. The financial performance and governance of the organisation had improved. The Committee considered the achievements of the CCG in the previous year.

A Member expressed concern that the loss of services in Walsall would reduce income and the sustainability of the Hospital Trust and suggested action needed to be taken to protect those services before they were at crisis point. He questioned whether the CCG, as commissioners, could be more proactive in ensuring that services were sustainable. The Chief Officer confirmed that work was underway to

attract good quality staff to work at the Trust and the CCG was assisting the Trust with this.

Members suggested that information could have been provided to the Committee on those events which had not gone so well. Discussion on this ensued and a Member suggested that communication could be improved. An issue relating to step down beds was discussed, it was suggested that this should have been considered by the Committee. The Portfolio Holder explained the reasons why the proposal was not taken through Committee and the Chair confirmed that this had been discussed with him. The Chair of Healthwatch suggested that lessons learnt exercise was produced.

**Resolved**

**That the report be noted.**

**83/18 Forward Plans**

**The forward plans were noted.**

**84/18 Date of next meeting**

The date of the next meeting would be confirmed at Annual Council.

There being no further business the meeting terminated at 8.40 p.m.

Signed: .....

Date: .....