

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

**THURSDAY, 24<sup>th</sup> SEPTEMBER, 2015 at 6.00 p.m.**

**Conference Room, Council House, Walsall**

### **Panel 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 T. Jukes

### **Portfolio Holders Present**

Councillor E. Hughes – Care and Safeguarding  
Councillor A. Andrew - Economy, Infrastructure and Development

### **Other Members Present**

Councillor R. Worrall

### **Officers Present**

Richard Kirby – Chief Executive of Walsall Healthcare Trust.  
Andy Rust - Head of Joint Commissioning Unit.  
John Wicks – Interim Head of Commissioning CCG  
Keith Skerman – Executive Director (Social Care and Inclusion).  
Marsha Ingram – Director of People (DWMHT).  
Mary Bytheway – Head of Corporate Development (DWMHT).  
Danielle Oum – Chair (DWMHT).  
Lloyd Haynes – Finance Officer.  
David Lockwood – Housing Standards and Improvement Manager.  
Nikki Gough – Committee Business and Governance Officer.

### **10/15 Apologies**

Councillor R. Martin gave her apologies for the duration of the meeting.

### **11/15 Substitutions**

There were no substitutions for the duration of the meeting.

### **12/15 Declarations of interest and party whip**

Councillor T. Jukes declared an interest as an employee of Walsall Healthcare Trust. Councillor D. Coughlan declared an interest as a Trustee at Chart. Councillor I. Robertson declared an interest as an appointed Governor of DWMHT.

### **13/15 Minutes of Previous Meeting**

The minutes of the previous meeting held on 2nd July 2015 were approved as a true and accurate record.

### **14/15 Dudley and Walsall Mental Health Trust Overview**

The Chair welcomed the Chair and Officers from the Dudley Walsall Mental Health Trust and invited them to present an overview of the Trust to the Committee (annexed).

The presentation contained the Trusts priorities for the following; -

- The Vision,
- The Values,
- Strategic objectives,
- People and communities,
- Structure,
- Key statistics,
- Performance,
- New service developments.

The Committee were informed that the Trust had seen an increase in demand for its mental health services. It was thought that this was due to an ageing population and difficult financial times. Mental health services which treated children and young people at home were in development, it was anticipated that this would prevent young people being admitted to hospital. The service was progressing well.

The Chair of the Trust stated that she welcomed the opportunity to provide Members with an overview of the service, and that the Trust hoped to be much more outward facing in the future. As part of this the Trust wanted to be open to scrutiny.

Below were the principle points ensuing from discussion; -

- One of the services that the mental health trust provided gave psychological support' support to children with diabetes,
- A protocol was in development for the transition from youth to adulthood,
- Prevention work included work with family care teams, work with the third sector, education seminars and drop in sessions. Staff were also engaged in health promotion,
- Outreach mental health training was provided to the police and the fire service,

- A mental health programme with schools was being piloted,
- Most referrals come from GP's/primary care,
- Service user feedback was reflected in the values of the Trust and when staff were recruited service users took part in the interview panel.

The Committee requested a ward by ward breakdown of referrals to mental health services, by age.

**Resolved that; -**

- **That the Committee receives a ward by ward breakdown of referrals to mental health services, by age, at a future meeting.**
- **More information on the mental health pilot in schools was taken to a future meeting.**

The Committee agreed a change to the agenda, this was, to receive item 10 would be taken prior to item 7.

### **15/15 Delivery of statutory Disable Facility Grants (DFGs) and related adaptations**

The Chair explained that the report provided an update on the actions agreed by the Aids and adaptations Working Group. The Portfolio Holder (Economy, Infrastructure and Development) stated that the recommendations within the report were good and would be taken on board.

The Chair invited Councillor Worrall to speak on the item. He stated that the policy had seen an improvement in the number of adaptations achieved within the context of shrinking resources. He requested that there was a review of those cases for which permission to adapt their properties had been refused by their landlord. It was suggested that savings could be achieved to the social care and health system as a whole by agreeing to adaptations and that it was the right thing to do, to give consent for the adaptation. The Portfolio Holder stated that the Council could not agree to a disabled facility grant (DFG) until the landlord had consented.

Members concurred that by removing an individual from their community there was a greater likelihood that they would need to use other social care and health agencies which would then incur costs as a result. However it was also emphasised that waiting times for adaptations had been greatly reduced and this was through partnership working which included WHG funding the first £1500 of minor adaptations.

**Resolved that; -**

- **The recommendations of the aids and adaptations working group were approved**
- **A further report on the progress of the recommendations was taken back to the Committee in 6 months**
- **The Committee receives further information on those cases that had been refused by registered social landlords at its meeting in December**

## **16/15 System resilience for winter**

The Interim Head of Commissioning stated that this report described how the system would cope with demand for emergency care over the winter. The Committee were informed that community services had been expanded to provide more care at home to prevent expensive hospital treatment. This programme was described in 4.3 of the report (annexed). The Rapid Response Team had been expanded and an equivalent scheme had been introduced for people living in nursing homes which had seen a 63% reduction in people being conveyed to hospital.

Officers stated that within the financial constraints the system had been designed to continue to provide safe and effective care. However if demand was to increase it may place the system under severe strain.

In response to questions from Members Officers confirmed that a local scheme existed which made discharges to neighbouring local authorities more efficient. Officers explained that 10% of residents used New Cross Hospital and were 'frequent fliers'. Members asked if a contribution was received towards South Staffordshire patients who used Walsall Healthcare Trust. It was confirmed that this was the case, however Walsall Healthcare Trust may have missed out on funding that had been provided to invest in services. In response to a point raised by a Member Officers stated that money was being invested in rehabilitation services to assist the discharge process.

The Chief Executive of Walsall Healthcare Trust clarified that cross border flow of patients was a problem and local authorities and CCG's needed to improve on this. Although there was a particular problem with discharge of Staffordshire patients, it was small single figures.

The Chief Executive of Walsall Healthcare Trust stated that he considered there to be a high risk to the system this winter. However he remained confident that the right plan was in place and the right level of agreement about the actions that needed taking. An empty ward at the hospital meant that it was in a better position than last year. However the Trust would be experiencing a £3million shortfall in funding and if the winter was harsh then the Trust may struggle to cope with demand. The Executive Director for Social Care stated that lessons had been learnt from last winter, action included reducing the length of stay in discharge beds however financial risks were not good and the Council was also overspending which meant that it did not have money to put into the system which it may have done previously.

A Member raised concern about the length of time people were waiting for scans at Walsall Healthcare Trust. The Chief Executive stated that there had been an issue with this but efforts had been made to resolve waiting times and this had included discharging those people who were well enough and bringing them back as outpatients for scans. The Committee were also informed that in most of the wards the distribution of prescriptions had been improved which had improved the discharges process.

Member suggested that feedback from user groups was considered at a future meeting of the panel.

**Resolved that; -**

**The report was noted.**

### **17/15 Trust Improvement Plan**

Walsall Healthcare Trust agreed a Trust Improvement Plan in June 2015 to enable the Trust to recover from the significant operational pressures that it faced during 2014 and ensure that the Trust had a clear strategy for a clinically and financially sustainable future. The Plan was presented to the July meeting of the Scrutiny Panel and an update on performance against the main national access standards for the NHS was requested for this meeting. The Committee was informed that during quarter 4 the Trust had seen 1700 fewer patient attendances than during quarter 1. The Chief Executive spoke to the report (annexed). The Committee was informed that the longest wait for treatment was 52 weeks it was intended that this would be reduced to 45 and that it would continue to be reduced until it was at an acceptable level.

The Chair thanked the Chief Executive for presenting to scrutiny but expressed concern about the patient administration system.

**Resolved that; -**

**The report was noted.**

### **18/15 Review of Adult Social Care Supported Employment and Day Services**

The Portfolio Holder informed the Committee that the Cabinet report should have been included as an appendix but unfortunately it had been omitted. It was agreed that the report would be deferred to the next meeting of the Committee. Members requested that it included feedback from users.

**Resolved that; -**

**The item 'Review of Adult Social Care Supported Employment and Day Services' would be considered at the next meeting of the Committee.**

### **19/15 Corporate Financial Performance – Revenue and Capital Outturn 2014/15 (Pre-Audit), and update for 2015/16**

The report summarised the pre-audit revenue and capital outturn position for the year ended 31 March 2015. Members attention was drawn to the revenue overspend against budget of £1.722m and a capital under spend of £1.623m. The forecast for 2015/16 year end financial position for services under the remit of the Committee was a revenue over spend against budget of £2.071m (net of use of earmarked reserves and action plan).

Officers discussed difficulties in recruiting social workers and the impact of the difficult budget position. The Committee were informed that there was a high risk that the service would overspend despite considerable efforts to reduce spending through vacancy management and voluntary redundancy.

**Resolved that; -**

**The report was noted.**

### **20/15 Work Programme**

It was suggested that a joint working group with the Education Scrutiny and Overview Committee was established to consider the transition between children's and adults.

**Resolved that; -**

- **A report on child/adult transition within social care services is taken to a future meeting of the Committee.**
- **An update on Mosaic was taken to the Panel.**

### **Termination of Meeting**

There being no further business, the meeting terminated at 8.45 p.m.

Signed: .....

Date: .....