

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Thursday 18th January 2018 at 6.00 p.m.

Conference Room 2, Council House, Walsall

Committee Members Present

Councillor M. Longhi (Chair)
Councillor H. Sarohi
Councillor B. Allen
Councillor D. Barker
Councillor E. Hazell
Councillor A. Hicken
Councillor D. James
Councillor J. Rochelle

Portfolio Holders Present

Councillor I. Robertson – Health

Officers Present

Walsall Healthcare Trust

Naj Rashed - Divisional Director of Medicine and Long Term Conditions

Walsall CCG

Simon Brake – Chief Officer
Sally Roberts - Chief Nurse, Director of Quality
Michael Hurt - Head of Older People and Dementia

Dudley Walsall Mental Health Trust

Mark Axcell - Chief Executive
Jackie O'Sullivan - Clinical Development Director

Walsall Council

Paula Furnival – Executive Director (Social Care)
Martin Thom - Head of Community Care
Nikki Gough – Democratic Services Officer

Walsall Healthwatch

John Taylor - Chair

49/18 Apologies

Apologies for absence were received on behalf of Councillor T. Jukes, Councillor S. Ditta and Councillor D. Coughlan.

50/18 Substitutions

There were no substitutions for the duration of the meeting.

51/18 Declarations of Interest

Councillor B. Allen declared an interest as an employee of Walsall Healthcare Trust.

52/18 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

53/18 Minutes of previous meeting

The Committee considered the minutes of the meeting held on 28th November 2017.

Resolved

That the minutes of the meeting held on the 28th November 2017 were agreed as a true and accurate record subject to the inclusion of the following information which would be available as part of the minutes at the next meeting of the Committee ; -

- **Page 12 – Walsall CCG were challenged by Members in relation to the location of the centre due to the accessibility for patients and suggested that travel providers were contacted to ensure travel arrangements were sustainable. It was also noted by a Member that there was limited car parking at the site.**
- **Page 13 – under minute 45/17 a member raised concern that the same consultation exercise had previously been undertaken and had achieved the same result and challenged why the consultation was being re-run.**

54/18 Intermediate Care Service

The Executive Director informed the Committee that the report set out the proposed reconfigured 'Intermediate Care Service' and the benefits of operating the service this way. The context and background was that previously there were a set of disparate teams and the proposal was to provide a more cohesive service. A key element of the service was for non-acute activities to be available to a patient as soon as possible to ensure that once medically fit they can be discharged from hospital.

The Executive Director informed the Committee that the requirements of the better care fund placed scrutinised delayed transfer of care and funding was at risk if performance was affected. It was reported that Accident and Emergency admissions in December 2017 had increased by 17% in comparison to those in December 2016 but there were less delays due to bed blocking which indicated that the discharge process had improved.

The Chair stated that the appendices of the report had not been received by Members prior to the Committee meeting and indicated that hard copies had been made available (annexed). He acknowledged that there was a lot of detail contained within these documents and stated that the item could be taken to a future meeting if elected members felt it was necessary.

A Member queried paragraph 4.20 of the report and asked for clarification. The Executive Director explained that this referred to a variation in practice in relation to discharge and that a more consistent approach would be worked towards.

The Chair of Healthwatch asked for clarification on the current phase of the implementation. The Executive Director responded to state that the project was currently in 'phase 3' and the Council was currently working through a section 75 agreement which would define the partnership. This would be complete in late springtime.

A Member challenged why information technology (IT) was not included in any of the project phases. The Executive Director stated that this was because existing IT systems would be utilised at service level.

Concern was expressed by Members that the number of beds were being reduced whilst population was increasing and asked for reassurance by Members that this was the correct course of action. The Executive Director stated that although physical bed numbers were reduced service capacity was not and that community provision would be increased. The overall intention was to meet demand but in a flexible way.

Councillor Hicken arrived.

A Member stated that the service at Holly Bank house was regarded as very good and questioned how this would fit into the new 'Intermediate Care Service' and asked where social workers would be based. The Executive Director stated that social workers were based at Walsall Healthcare Trust and that locality teams were developing new working arrangements and this was overseen by the Walsall Together Board.

Resolved

To better understand the impact of the service the Committee requested that a further report is taken to the Committee at a future meeting.

55/18 Walsall Healthcare Trust Mortality Rate Update

The Committee were informed by the Divisional Director of Medicine and Long Term Conditions that the report detailed the Trust performance against the hospital mortality indicators, and demonstrated the processes and actions being taken by the Trust to assure reporting, review of deaths, lessons learnt, and that actions taken complied with national guidelines in supporting a reduction in avoidable deaths and improved outcomes for patients and carers. Trust performance was measured

against two key national indicators for mortality - the 'Hospital Standardised Mortality Rate' (HSMR) and 'Standardised Hospital Mortality Index' (SHMI).

In terms of the HSMR the Trust were performing well and remained below 100 and in the context of the region were the Trust were the best performing. The Trust position for SHMI had been maintained, although the number of deaths in December had risen significantly. The Committee were reassured that analysis would be undertaken to determine any specific themes. There was also a coding error identified in May 2017 where 79% of deaths were determined to be 'end of life' patients.

Councillor B Allen arrived.

A Member requested that in the future acronyms contained within reports were explained and further clarified those in the report. In addition to this a Member asked for key to be used in reports where useful.

In response to further questioning the Divisional Director of Medicine and Long Term Conditions confirmed that the Trust aimed to review 100% of patients within certain care groups as detailed on page 8 of the report. Further challenge by Members was presented on lessons learnt by the Trust. Members were informed that improvements to documentation would be made such as legibility, information recoded, and end of life care coding.

A Member asked for an explanation on a serious incident referenced in June and how the issue had been escalated. The Divisional Director of Medicine and Long Term Conditions stated that this was an issue with shared care and in particular ownership of the care of the patient which had led to an absence of a leading team or named consultant. In the future each patient would have a named consultant and if this could not be agreed it needed to be escalated to the Medical Director as the final arbitrator.

Resolved

That the report be noted.

56/18 Walsall Dementia Update

The Committee were informed by the Head of Older People and Dementia that dementia was an ongoing challenge in Walsall. Diagnosis rates had drastically improved since 2009, service transformation was almost complete and mental health teams were working across 7 days with a crisis team which worked from 8am to 9pm. Members were alerted to the fact that this may be affected by the reorganisation of mental health social workers. As part of the service transformation the number of beds at Bloxwich hospital had been reduced and community provision was increased to provide seven day services. The support available to individuals with dementia was described. It was stressed that individuals with dementia could be better cared for outside of an acute hospital.

A Member asked if individuals with dementia received advocacy services whilst in hospital. The Head of Older People and Dementia stressed that the experience in hospital was improving for individuals with dementia and collectively care was being improved and measures were being introduced to ensure that clinicians identified individuals with dementia.

A Member questioned why social care mental health workers were being removed from the crisis teams. The Executive Director stated that this was due to a redesign of council services to implement the locality model. It was hoped that this would ensure that individuals were supported earlier on in their illness. Members were reassured that a detailed report would be taken to the Committee at the next meeting in February.

A Member queried where individuals were most likely to be diagnosed with dementia. The Head of Older People and Dementia stated that GP's were trained to rule out dementia, to rule out reversible causes and potentially refer to a specialist memory service. A Member queried the tool used to diagnose dementia and stated that when hospitalised the primary physical complaint of an individual was treated meaning that dementia was often missed. Officers confirmed that a standardised assessment tool was used to identify if an individual was suffering from one of 6 main types of dementia. Officers were thanked for their achievements.

It was acknowledged that it would be Sally Roberts last meeting in her current role and she was thanked for her continued dedication to the Committee.

Resolved

That the item is reconsidered by the Committee in 6 months time.

57/18 Mental Health Update

The Chief Executive of Dudley Walsall Mental Health Trust gave a verbal update on the 'Transforming Care Together' (TCT) partnership. Dudley and Walsall Mental Health Partnership NHS Trust, Black Country Partnership NHS Foundation Trust and Birmingham Community Healthcare NHS Foundation Trust had been working together to develop proposals for sustainable services across the three organisations. In September 2017 all 3 boards approved the full business case for the three organisations coming together as one Trust. Further work was ongoing around the final proposal for TCT which had delayed the planned date for the three organisations coming together. This was planned to be on 1st December 2017. Further work was taking place to address the concerns of a group of staff. There was currently no planned date for TCT to be implemented.

The Committee were informed by the Chief Executive that DWMHT continued to progress a business case for the re-provision of Bloxwich Hospital inpatient services at the Dorothy Pattison Hospital site which had unanimous support from clinical staff. This was because the current provision was not fit for purpose. Members were assured that currently an engagement process was underway to capture patients, carers and staff views on this proposal and these views would inform the case.

A Member asked for timeframes for the re-provision of Bloxwich hospital. The Chief Executive stated that a full business case would go to the Trust Board in April and open discussions were being held with NHSI around the use of capital for this purpose.

A Member queried the reduction in beds in consideration of the previous information received on dementia which suggested that these numbers would be increasing. The Clinical Development Director stated that the new facility would be purpose built and had taken future projections into account. The Mental Health Team had completed the modelling for Walsall and this included the ability to be more flexible with the use of bed. Members were assured that the Trust were confident with the proposed number of beds.

Members challenged how the project would be financed. The Chief Executive stated that the indicative cost of £8 million would be transferred to capital from revenue. The Committee were informed that permission to do so needed to be sought from NHSI. The Trust was also asked for assurance that the build would not be financed through a PFI arrangement. The Chief Executive confirmed that there were no plans to take part in a PFI arrangement.

A Member expressed the following concerns;

- That the request could be refused by NHSI;
- The concerns held by clinicians;
- The uncertainty of the TCT partnership, and a suggestion that a timescale needed to be fixed;
- The effect of the uncertainty on staff and recruitment levels.

The Chief Executive reassured Members that agency spend had reduced and whilst recruiting to a consultant post it was clear that there wasn't a detrimental impact on the reputation of the Trust. The Committee were also assured that there was no evidence that the delay of the TCT partnership had impacted on turnover or sickness levels.

A Member asked for the benefit to local communities and staff of the realigned service. The Clinical Development Director stated that the current hospital in Bloxwich was isolated and this was difficult when dealing with emergencies. The proposed hospital would have access to a bigger cohort of staff and it would allow patients to access treatments more easily.

Resolved

The Committee receive a report on the Transforming Care Together Partnership and the rebuild of Bloxwich Hospital at a future meeting.

58/18 Draft Capital Programme 2018/19 to 2021/22 and Draft Revenue Budget Update

The Executive Director for Adult Social Care presented the report (annexed). The Committee were advised that there were no changes to the revenue savings proposals for 2018/19. Members were also informed that there were two capital

elements within the draft capital programme for the four-year period from 2018/29 to 2021/22 relating to the remit of the committee. This included the implementation of phase 3 of Mosaic. A Member challenged the capital spend on Mosaic and questioned if this was the final phase of the implementation programme. The Executive Director stated that the additional spend was due to the purchase of supplementary software which was not previously available and this extended the functionality of the system. Members were also assured that internal staff were being trained to use Mosaic which would extend the skills and knowledge within the organisation.

59/18 Areas of Focus 2017/18

The area of focus 2017/18 was noted.

60/18 Date of next meeting

The date of the next meeting was agreed as 27th February 2018.

There being no further business the meeting terminated at 8.00 p.m.

Signed:

Date: