

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

**Thursday 28<sup>th</sup> November 2017 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 S. Ditta  
Councillor E. Hazell  
Councillor D. James  
Councillor J. Rochelle  
Councillor K. Phillips

### **Portfolio Holders Present**

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

### **Officers Present**

#### **Walsall Healthcare Trust**

Richard Kirby – Chief Executive  
Anna Winyard – Operations Director  
Amir Khan – Medical Director

#### **Walsall CCG**

Simon Brake – Chief Officer

#### **Walsall Council**

Paula Furnival – Executive Director (Social Care)  
Barbara Watt – Public Health Consultant  
Adrian Roche – Head of Social Inclusion  
Patrick Duffy - Programme Development & Commissioning Manager  
David Neale - Programme Development & Commissioning Manager  
Dr Paulette Myers - Consultant in Public Health Medicine  
Nikki Gough – Democratic Services Officer

### **35/17 Apologies**

Apologies for absence were received on behalf of Councillor T. Jukes.

### **36/17 Substitutions**

There were no substitutions for the duration of the meeting.

### **37/17 Declarations of Interest**

Councillor B. Allen declared an interest as an employee of Walsall Healthcare Trust. Councillor M. Longhi declared an interest as a patient of a GP practice named within item 8a.

### **38/17 Local Government (Access to Information) Act 1985 (as amended)**

There were no items to be considered in private session.

### **39/17 Minutes of previous meeting**

The Committee considered the minutes of the meeting held on 26<sup>th</sup> October 2017.

### **Resolved**

**That the minutes of the meeting held on 26<sup>th</sup> October 2017 were agreed as a true and accurate record.**

### **Public Health**

#### **40/17 Drugs and Alcohol**

The Head of Social Inclusion spoke to the presentation (annexed). The context to the item was provided, which was that the Committee had expressed concern around the proposal to reduce addiction services during the 2016/17 budget setting process. A tender exercise for the drug and alcohol service produced savings within the budget. The Committee were advised that this related to just one of many savings proposals within Public Health.

The Committee were provided with information on the needs and treatment profile of Walsall 2016-17 and the demographic data of individuals in treatment for all substance misuse. The Committee were advised that the service had noted several achievements, however budget reductions and the tender exercise had resulted in a drop in performance of the service, however this was expected to recover once the retendered service had established. Other impacts included a reduction in referrals from police custody due to a smaller service being available. Walsall Hospital admissions due to alcohol specific conditions had increased and it was acknowledged that if preventative services were not available it was more likely that individuals would present at Hospital. It was suggested that deaths due to substance misuse were increasing although it was not possible to prove a causal relationship to the reduction in service.

The Committee were advised of the Public Health England 'social return on investment estimations' which when projected onto Walsall crime rates suggested a 24% reduction in crime due to prevention services which equated to a saving of £8 million. Members went on to consider the impact of substance misuse on children and their families. Officers stated that a snap shot analysis of children's services data revealed that 33 children were looked after due to parental drug and alcohol abuse. The Chair stressed the impact of substance misuse on society and suggested that the budget reduction of this service be revisited. Members also acknowledged the knock on effect to the police, local authority, courts, and health

service. Officers stated that not all of the above mentioned cases could have been prevented.

The Chair requested that Children's Services be asked for the figures of 'Looked after Children' in care and adopted, for the previous 3-5 years as a result of substance misuse. Along with an estimate of costs associated.

The Portfolio Holder for Health stated that future cuts could also have an impact on the ability of services to prevent the removal of babies from pregnant mothers (in particular those who have already had several babies removed).

The Director of Public Health stated that Public Health responsibilities were wide ranging and included a number of important services. Members were advised to consider the cuts to the addiction services in the context of other services. Officers also noted that the local authority held little information about the substance misuse of the homeless and it was hoped that the recently established homeless night shelter, would assist officers to understand the group's needs and provide some quality information in relation to the substance misuse of the homeless.

## **Resolved**

**1. That the presentation on addiction services, considered by the Social Care and Health Committee on 28 November 2017, is forwarded to Cabinet, who are asked to reconsider the proposal due to the wide ranging impact of the budget reduction for addiction services, in particular on the number of Looked after Children.**

**2. Children's Services be asked for the figures of 'Looked after Children' in care and adopted, for the previous 3-5 years as a result of substance misuse. Along with an estimate of costs associated.**

## **41/17 Lifestyles and Weight Management**

A presentation (annexed) on the new Lifestyles' Service and activity was described and Members were informed that through a tender exercise 4 services had been reduced into 1 integrated model of service. This had produced savings of £260,000.

A Member stated that the booklet detailing activities in Walsall was well received. Officer asked what efforts had been made to allow local people to access training to allow them to get involved in delivering such organised events. Officers were also asked if students were fully engaged to assist the local authority. Members were informed that the authority had a good relationship with Walsall College and offered opportunities to students in this way.

The Committee were informed about targeted provision to assist with weight loss. Members challenged whether there was an assessment made about why an intervention had not worked and if actions were taken to address this. Officers stated that it could be that individuals did not have support mechanisms at home to help them to achieve their targets. It was also acknowledged that it was expected that some individuals would not achieve their initial targets.

A Member stated that littering, fly tipping and crime could deter people from using parks and suggested that this was addressed if parks were to be an integral part of the plan to encourage healthy lifestyles. Officers confirmed that they were working with colleagues in clean and green to ensure the green space strategy targeted such issues.

## **Resolved**

**That the presentation be noted.**

### **42/17 Outpatients appointments at Walsall Healthcare Trust**

The Operations Director (Walsall Healthcare Trust) presented a paper on the progress made in outpatient services following the last 12 months. The Committee were informed that NHS Elect had reviewed the booking process which was previously not performing well. A focus on providing patients with 28 days notice and a reduction in the cancellation of appointments at short notice, unless signed off by a Director had also assisted improvements to be achieved. Informal concerns and complaints were reduced along with rates of non attendance by patients. A draft CQC report indicated that there had been an improvement in outpatient appointments and indicated confidence in improvements planned.

Members stated that the level of progress in 12 months was commendable. However it was stressed that it needed to be sustainable. A discussion ensued on choose and book and Members provided examples of situations where appointments had not been available. The Chief Executive from Walsall Healthcare Trust stated that he would look into these issues.

The Trust was asked for the financial cost of appointments not attended, it was agreed that this would be circulated outside of the meeting.

## **Resolved**

**That the report be noted and monitored by the Committee at a future meeting.**

### **43/17 Neurological waiting lists**

The Committee were informed that the Acute Neurology Service at Walsall Healthcare Trust was previously provided by a single-handed Consultant Neurologist who had since retired. The post had been difficult to recruit to on a substantive basis due to a national shortage of neurology consultants and the service had been provided through the use of a locum consultant. A Service Level Agreement had been made in partnership with University Hospital Birmingham to recruit two neurologists to work across the two Trusts, with 80% of their time spent at Walsall. It was hoped that once in posit a more robust service would be provided and waiting times for patients would be reduced. Challenge was made to the Trust from Members in relation to the arrangements in relation to the locality of the service. The Trust confirmed that this was a sustainable long term option in response to a recruitment issue. A Member asked what action had been taken to secure recruitment of staff to the Trust. The Medical Director explained that workforce planning included working with bigger centres to ensure staff members were

recruited. The Chief Executive stated that the Government was seeking to expand training for specialities. It was stressed that regional centres were better equipped to attract consultants and this assisted in providing a strong local service.

A discussion ensued and a Member asked if the locum consultant cost more than an employed consultant. The Trust confirmed that this was the case. A Member also queried the extent to which the Trust was breaching their targets on waiting times and how patients were being prioritised. The Trust confirmed that high risk patients were prioritised, but also the locum consultant was holding extra clinics to reduce the waiting list.

## **Resolved**

**That the report be noted.**

## **Walsall CCG**

### **44/17 Public Engagement Plan: Potential Relocation of four GP practices in Walsall**

The Committee were informed that four GP practices in Walsall would be undertaking collective public engagement to involve patients registered at the practices and wider stakeholders who may be impacted, for their views on the potential relocation of these practices to a new purpose built health centre, in Walsall town centre. Members were informed that the site currently being explored was the former Jabez Clift leather works on Lower Forster Street. The report presented to the Committee outlined the engagement plan and sought to assure Members of a robust process for patient involvement.

The Chief Officer stated that the proposal was for surgeries to be bought together to provide primary care at scale and concentrate services and expertise. A Member challenged the decision to run the consultation period over Christmas and whether this impacted on the ability of individuals to comment. The Chief Officer stated that the consultation period had been extended to account for the Christmas period. Members also asked questions around the number of patients affected and if patient's methods of travel had been considered. The Chief Officers responded to state that it affected around 25,000 patients and that transport links to the site existed.

A Member asked CCG Officers for an assessment of the weaknesses of the public engagement plan. The Chief Officer responded to state that although efforts were made to ensure the process was robust it was acknowledged that a limited response to the consultation may be received; and also that the consultation period was for a limited time only.

## **Resolved**

**That the Committee support the patient engagement plan in relation to the potential relocation of four GP practices in Walsall.**

#### **45/17 Outcome of Consultation on the future of Urgent Care Services**

The Committee were reminded that Walsall CCG had carried out a formal consultation on the future of Urgent Care Services. The report summarised the outcome of the consultation (annexed). The Committee were informed of the main messages received from the consultation exercise. It was apparent that there was a variance in the understanding of the population on the urgent care offer in Walsall. The Committee were also informed that from December there would be primary care hubs across the borough with extended opening hours. A Member stressed the need for information on the hubs to be publicised. The CCG would aim to understand and analyse the use of the hubs and stated that they return to the Committee in the spring with a more detailed proposal on the clinical model based on the consultation response.

Members observed that a common theme was that residents were not able to secure a GP appointment and stressed the importance of resolving this issue before amending access to out of hour's urgent care. The CCG responded to acknowledge that additional GP capacity was needed. The primary care hubs would provide bookable slots at evenings and weekends. A Member also stressed that the town centre urgent care centre was accessible.

A Member raised a concern around the current opening hours of the urgent care walk in centre located in the town centre, in particular the capacity to stay open to the advertised opening times. The Chief Officer agreed to investigate this issue and contact the elected member directly.

#### **Resolved**

**That Walsall NHS CCG takes the views expressed during the consultation in to account when it makes its decision about the future of urgent care services.**

#### **46/17 Reconfiguration of Stroke Services in Walsall**

The Chief Officer highlighted the prominent points in the presentation on Stroke Services in Walsall (annexed). The Committee were reminded that the proposal was to relocate stroke services to Royal Wolverhampton Trust and local provision of early supportive discharge and community pathways for Walsall patients. This would be provided through a hospital site based service, however future options for the service would be developed.

Members raised concerns in relation to the care transition arrangements from the Royal Wolverhampton Trust to Walsall Community Health. The Chief Officer from Walsall CCG assured the Committee that this was completed through a dedicated service that would support the clinical handover. The Chief Executive of Walsall Healthcare Trust informed Members that Walsall Healthcare Trust ran rehabilitation services successfully in Staffordshire.

A Member asked for further information on feedback from the consultation exercise and the Chief Officer confirmed that people were broadly supportive of the proposal however travel was a concern and detailed travel advice would be provided.

The Chair sought Member agreement to support the proposed model of care for stroke services as proposed by Walsall CCG. The recommendation was moved and seconded. On being put to the vote the motion was declared carried. Councillor Hazell voted against the motion.

#### **Reconfiguration of Stroke Services in Walsall**

- a. The Committee supported the proposal to reconfigure the stroke pathway in Walsall; the provision of hyper acute and acute stroke services by the Royal Wolverhampton Healthcare Trust and the provision of the Early Supported Discharge and Community Rehabilitation by Walsall Healthcare Trust.**
- b. The Committee requested further assurance and details of the proposal for the provision of Early Supported Discharge and Community Rehabilitation services by Walsall Healthcare Trust, to be taken to a future meeting.**

#### **47/17 Areas of Focus 2017/18**

The area of focus 2017/18 was noted.

#### **48/17 Date of next meeting**

The date of the next meeting was agreed as 18<sup>th</sup> January 2018.

**There being no further business the meeting terminated at 8.55 p.m.**

Signed: .....

Date: .....