

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Thursday 14th September 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 T. Jukes
Councillor J. Rochelle

Portfolio Holders Present

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

Other Members Present

Councillor E. Hughes – MP for Walsall North

Officers Present

Care Quality Commission (CQC)

Angela Martin	Inspection Manager
Tim Cooper	Head of Hospital Inspections

Walsall Healthcare Trust

Richard Kirby	Chief Executive
Dr Amir Khan	Medical Director
Rachel Overfield	Director of Nursing
Nicola Wenlock	Divisional Director Maternity

Walsall CCG

Paul Maubach	Accountable Officer
Dr Rischie	Chair
Sally Roberts	Chief Nurse, Director of Quality

Dudley Walsall Mental Health Trust

Mark Axcell	Chief Executive
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Healthwatch

John Taylor	Chair
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Walsall Council

Paula Furnival	Executive Director (ASC)
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Suzanne Letts
Nikki Gough

Sophia French

Finance Officer
Democratic Services
Officer
Media and
Communications
Officer

12/17 Apologies

There were no apologies for absence.

13/17 Substitutions

There were no substitutions for the duration of the meeting.

14/17 Declarations of Interest

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

15/17 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

16/17 Minutes of previous meeting

Consideration of the minutes of the meeting held on 20th July 2017 was deferred until the Committee meeting due to be held on 14th September 2017.

17/17 Corporate Financial Performance Month 3 Financial Monitoring Position for 2017/18

The forecast 2017/18 year-end financial position for services under the remit of the Social Care and Health Overview and Scrutiny Committee, and based on financial performance for quarter 1 (April 2017 to June 2017) was a revenue over spend of £1.591m. This was net of the use of reserves of (£1.709m), and the transfer to reserves of £0.108m. Without the use of reserves the over spend would be £3.192m. In response to a Member question, officers clarified that this was a planned use of reserves.

The Executive Director for Adult Social Care stated that the demand management programme within the transformation plan was the key means to mitigate the overspend position. This was providing positive results in reducing the overall pressure, and there was an ongoing focus to mitigate any remaining balance currently forecast.

The total capital programme for the directorate was £2.581m and it was expected that capital resources of £2.581m would be fully spent.

A Member asked for timescales in determining the cost to the Council of 'Change in the rate for sleep in nights after HMRC ruling'. The Executive Director stated that there were challenges going through the courts in relation to the ruling made on sleep in rates and until these had been determined the financial impact could not be known. It was noted that all local authorities were in the same position. A Member asked that the Committee had early sight of the financial impact of this ruling, once determined. Concern was also expressed that if this ruling affected providers, it may pose a risk to their financial stability which could pose a risk to Walsall residents.

Members questioned if the implementation of the financial module for Mosaic would be met from within the original financial envelope. The Executive Director confirmed that this risk related to a delay in timing and the cost would be met from within the existing capital envelope.

A member asked for clarification on a credit budget under Management Support and the reason for the £68k over spend. It was agreed that further information would be sent to the member directly.

The Committee accepted the format of the report with no requested changes.

Resolved

To note the revenue and capital forecast for the 2017/18 year end financial position for services under the remit of the Social Care and Health Overview & Scrutiny Committee.

18/17 Discharge to Assess Pathway

In Winter 2014/15, the Council secured provision for 40 'discharge to assess' care home beds, which assisted the discharge of older people with complex needs from the Manor Hospital. The development of the Health & Social Care System Recovery Plan, in early 2016 suggested an alternative model based on the successful 'Swift Project' introducing 'discharge home to assess', where fewer beds were needed, but were replaced by care at home. With regard to the bed-based services, lengths of stay had reduced as planned:

- Discharge to assess from average stay of 39 days to 26 days,
- Hollybank House from an average of 30 days to 23.

The Committee welcomed the positive news and also welcomed partner's views on the topic. The Chief Executive of Walsall Healthcare Trust stated that the alternative model had worked and had increased hospital capacity. It was acknowledged that there was more work that could be done in the longer term to integrate services.

Resolved

- 1. The report was noted,**
- 2. A report on intermediate care is taken to the Committee meeting due to be held in January 2018.**

19/17 Dudley and Walsall Mental Health Trust

The Chief Executive of the Dudley and Walsall Mental Health Trust tabled a briefing paper on 'Transforming Care Together' (annexed). He stated that he wished to inform the Committee about the Transforming Care Together (TCT) partnership and present an update of progress.

Members were informed that Transforming Care Together was a partnership between the following organisations;

- Birmingham Community Healthcare NHS Foundation Trust (BCHC)
- Black Country Partnership NHS Foundation Trust (BCP)
- Dudley and Walsall Mental Health Partnership NHS Trust (DWMHT)

The Committee was informed that in September 2015 BCP issued a prospectus as it was seeking a partner which could provide mental health and learning disability services. In early 2016, BCHC, BCP, and DWMHT established formal partnership arrangements and during 2016 developed an outline business case which described the options for forming a single organisation. This was approved by the three Trust Boards in December 2016/January 2017.

The benefits of integration were described; this included the creation of a long-term sustainable organisation ensuring clinical services were sustainable. Other benefits cited were care closer to home where patients had to travel out of borough for some services, specialist skills and consistent and wider career opportunities for staff.

Members were informed that NHS Improvement, as the regulator, would issue a risk rating and would need to support the proposal. The Committee was assured that patients and families would continue to access services as normal.

A Member questioned what the proposal meant for Walsall residents. Foundation Trust status was also considered. It was questioned if two Trusts merged whether foundation trust status would be retained by the new organisation. In response, the Chief Executive stated that BCHC was acquiring two Trusts and so would retain Foundation Trust status. The Committee were assured that NHS Improvement would complete a rigorous review to ensure that the business case met all the requirements of the same kind to Foundation Trust assessments. In terms of the implications of this proposal for Walsall residents, the Chief Executive stated that the Committee could have sight of the full business case which was publically available. The partnership had also held a number of stakeholder events and would continue to do so and he encouraged member of the Committee to attend.

The Chief Executive was asked by a Member how the issue of demand for mental health services was being addressed. Increased demand for mental health services in Walsall and Dudley was acknowledged and the Trust was continuing to work closely with partners in Walsall to decrease demand. This included a proposal to supplement and work with the voluntary sector and provide services closer to residents home. Members asked the Trust to assure the Committee that the proposals would not be detrimental to Walsall. The Chief Executive stated that the Dudley and Walsall Mental Health Trust were active Members of 'Walsall Together' and were fully engaged with plans for Walsall.

Members of the Committee raised concerns around mental health services for 17-18 year olds and the transition arrangements for a child moving on from Child and Adolescent Mental Health Service (CAMHS) to adult services. The Committee were informed by the Trust that the CAMHS would provide services for a child until the age of 18 years.

In response to a Member query, the Chair of Healthwatch stated that Healthwatch would be undertaking a review of Mental Health Services. He also informed the Committee that the Dudley and Walsall Mental Health Trust had positive feedback from its users and this gave Healthwatch some confidence in service provision.

Resolution

- **That the full business case is circulated to Members, by e-mail, outside of the meeting;**
- **That feedback from NHS Improvement on the Transforming Care Together partnership is taken to the Social Care and Health Committee once available.**

20/17 Walsall Maternity Services

Care Quality Commission

Welcome and Introductions were made to officers and to Committee Members. The Head of Hospital Inspections informed the Committee that the CQC posed five main questions when inspecting hospitals:

1. Are they Safe?
2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well-led?

Walsall Healthcare Trust was inspected in September 2015; it was rated inadequate and required improvement. This outcome resulted in the Trust being placed into 'Special Measures'. The Trust was re-inspected in May/June 2017. During this inspection the CQC saw significant improvement at Walsall Healthcare Trust, with the exception of maternity, which remained a concern. A report by the CQC would be produced in the near future. A re-inspection would take place within 12 months.

In response to challenge from Members, the Head of Hospital Inspections stated that the CQC had confidence that the Trust Board and that the organisation were able to improve based on those improvements made in other departments of the Trust.

The CQC representatives were thanked for their attendance.

Walsall Healthcare Trust

The Chief Executive of Walsall Healthcare Trust stated that the Trust accepted the CQC's concerns and agreed a maternity improvement plan. The Trust and its Board were aware that maternity required improvement. The results of the improvement plan were shared with the CQC and CCG. The action which was thought to have made most impact was the implementation of a stable leadership team.

A Member challenged how often the senior leadership team visited the hospital's wards. The Chief Executive explained that once every 2/3 weeks he would do a 'ward walk'. In response to this a Member suggested that the Trust should have been aware of the issues identified by the CQC. The Trust stated that the issues had been identified prior to the CQC visit and action was escalated to address them.

The Trust was asked by a Member what the midwife vacancy rate was and if levels of training for midwives had improved. The Director of Nursing responded to state that at the end of August there were 8 vacancies. The Committee were informed that the Trust had been successful in its recruitment of midwives during the previous year. Members suggested that they had been advised to the contrary at previous meetings.

In terms of safeguarding training, 13 out of 17 members of staff were fully trained and it was anticipated that all staff would be trained by the end of October 2017. The Trust was asked when the limit on the number of births at the Trust would be lifted. The Chief Executive stated that the plan was to leave the limit until 31st March 2017 and to review after Christmas. A Member of the Committee asked how confident the Trust was that organisational culture in the Midwifery Department had been improved. The Chief Executive stated that securing the right leadership was imperative and progress had been made on this and an external organisation had been utilised to further embed changes. It was also noted that individuals who needed extra help to change would be taken through formal disciplinary processes.

The MP for Walsall North challenged the frequency with which performance measures were monitored and expressed frustration on behalf of pregnant women in Walsall at the reduced choice in maternity care. The Chief Executive of the Trust reassured the Committee that the leadership team were passionate about their work and described the daily monitoring processes to ensure quality of care.

The Chair of Healthwatch asked how expectant mothers would be reassured that services were safe once the report was published. The Head of Hospital Inspections (CQC) stated that it was important that communication was aligned to ensure that improvements already made in maternity were highlighted.

Walsall Clinical Commissioning Group

The Accountable Officer for Walsall CCG stated that he would describe the CCGs role and actions in relation to the recent CQC inspection at Walsall Healthcare Trust, in relation to maternity services. The Chief Nurse (Walsall CCG) stated that the CCG had raised concerns, in relation to maternity services, with Walsall Healthcare Trust. Unannounced visits had taken place and the CCG had worked with the Trust to receive regular updates on progress made by the Trust. The Committee were assured that the CCG monitored maternity services in Wolverhampton to ensure that

Walsall residents who were having their babies at New Cross were receiving a safe service.

The Accountable Officer stated that it was encouraging to hear that a likely rating for Walsall Healthcare Trust for 'care' was 'good'. He also acknowledged an improvement in the performance and quality of services. However, the system was in a position where services required improvement. He set out three areas which the CCG considered to be important elements to improvement:

- Staffing- the Trust needed to create a culture to support staff to enable them to deliver high quality care.
- Involvement of patients - it was considered that there was an opportunity to give patients greater involvement in the planning of services.
- Sustainable services and long-term vision for the service

The Accountable Officer suggested that a partnership (clinical relationship) with New Cross Hospital might assist in the development of an outstanding service. The Chair stated that he would receive any such proposals at Committee but could not comment prior to that stage.

The Chair stated that the CCG had a duty to commission safe services to the local population, and challenged that there was insufficient capacity to deliver this. The Accountable Officer responded stating that capacity was an issue; however, whilst the Trust had been able to recruit in order to retain services, insufficient choice remained a problem.

The Chair questioned how the CCG were monitoring the performance of services. The Chief Nurse explained that there were some early warning signs and the CCG was alerted to Board issues. Meetings were held on a monthly basis with the Trust, NHS Improvement and CQC. It was stated that the Trust should be commended for the recruitment of good calibre midwives.

The CCG were asked if the CQC judgement of maternity services at Walsall Healthcare Trust was as expected. The Chief Nurse explained that the CCG held concerns around the service; however, the CCG did not expect the depth of concerns that were exposed. It was noted that the Trust was very open and transparent and that this was important to improvement.

The Accountable Officer stated that Walsall Healthcare Trust had sufficient capacity to deliver 4,500 babies; however, the Trust did not have sufficient workforce capacity or the physical space to deliver above this number. A Member expressed concern that there was increased demand placed on New Cross Hospital and that this was unacceptable. It was also important that families could exercise choice.

Following a Portfolio Holder query, the Accountable Officer confirmed that New Cross Hospital would be involved in the Black Country Alliance.

Resolved

1. The CQC report on maternity services at Walsall Healthcare Trust is circulated to Committee Members

2. Maternity services at Walsall Healthcare Trust remain on the areas of focus programme for the Committee (to review the restriction on number of deliveries and the provision of a Midwife Led Unit)

21/17 Areas of Focus 2017/18

The areas of focus 2017/18 was noted.

22/17 Date of next meeting

The date of the next meeting was agreed as 26th October 2017.

There being no further business the meeting terminated at 8.50 p.m.