HEALTH SCRUTINY AND PERFORMANCE PANEL

Tuesday, 18 December, 2012 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor D. James (Vice-Chair)
Councillor M. Flower
Councillor H. Sarohi

Officers Present

Jamie Morris - Executive Director, Neighbourhood Services
Lawrence Brazier - Head of Procurement
Barbara Watt - Consultant in Public Health
David Sheldon - Interim Procurement Officer (Public Health)
Jacky O'Sullivan - Director of Performance and Strategy (DWMHT)
Marsha Ingram - Director of People and Corporate Development
Brandon Scott-Omenka - Service Manager, Social Care and Inclusion
Sally Roberts - Assistant Director of Nursing, Quality and Safety
Wendy Godwin - Unscheduled and Planned Care Programme Manager
Isabel Gillis - Interim Director of Public Health, Community Care
Peter Davis, Head of Community Care, Social Care and Inclusion
Andy Rust, Head of Vulnerable Adults and Joint Commissioning Unit
Paul Davies, Executive Director, Social Care
Nikki Gough, Committee Business and Governance Manager

195/12 **Apologies**

There were no apologies for the duration of the meeting.

196/12 **Substitutions**

There were no substitutions for the duration of the meeting.

197/12 **Declarations of interest and party whip**

There were no declarations of interest or party whip for the duration of the meeting.

198/12 **Minutes**

Resolved

The minutes of the meeting that took place on 13 November, 2012, were approved as a true and accurate record.

199/12 **Dudley and Walsall Mental Health NHS Trust - service transformation**

Officers from Dudley and Walsall Mental Health NHS Trust informed Members that they intended to provide an update to the Panel on the Trust's Service Transformation Plans.

Changes included:-

- An Early Access Team - creating a single point of entry into secondary care mental health services.
- Community Recovery Service.
- Transfer and Transition Team - providing step down for patients.

Officers stated that they had looked at a variety of information to gain an understanding of performance, i.e. formal complaints, patient satisfaction and the development of Key Performance Indicator's (KPIs). The Head of Community Care stated that KPIs were reported to the Partnership Board Operations Group.

Officers informed Members that included in the service transformation was a set of estates proposals.

Members questioned how the service transformation impacted on patient experience. Officers assured Members that patient experience was being monitored, although it would be difficult to quantify until an individual had experienced the whole pathway.

The changes in health care were discussed, including the public health transfer to the Council. Officers were asked how the impacts on mental health were being managed. Officers stated that a lot of work was being done to maintain structures in Dudley and Walsall, and that new performance measures were due in consultation with commissioners. Performance indicators were contractual and agreed between commissioners and the Trust. These would be renegotiated with CCGs.

Resolved

That an update would be taken to the Panel in the future.

With the agreement of the Panel, Item 7 was deferred.

200/12 **SURGE Plan**

An update on the Surge Plan was taken to the Panel to provide further assurance in regards to Walsall's response to the additional surge in activity. Members were informed that updates were provided to senior managers and Local Authorities on a weekly basis. The Unscheduled and Planned Care Programme Manager described the 'GP in a car service' which responded to category green

calls. This had led to a reduction in cycle time to 40 minutes, with the majority of calls being to non trauma/chronic breathing/and non acute chest pain.

The falls car service had been successful in resolving issues with repeat callers, and local projects assisted in this. In addition to this, additional capacity has been to purchase beds in nursing homes, along with spot purchasing for complex discharge and end of life patients.

It was agreed that this information would be circulated to Members by e-mail.

The following were the principal points from the discussions:

- Norovirus was present in NHS health services in Walsall but a significant amount of advice and guidance was given by infection control.
- Social Care was keeping up with the flow of demand, although services were working well, pressure was there.
- Work was underway to give GPs access to more specialist information to allow the patient to be managed at home
- Pro-active schemes were being considered.
- Members wished to consider primary care in the future, with a view to narrowing health inequalities.
- Work was done through GP practices to publicise access to services.

Officers acknowledged that in the future, work on the Surge Plan would need to be started earlier. Members were keen to understand why there had been a surge in activity this year. The Unscheduled and Planned Care Programme Manager stated that this was a national problem which was not unique to Walsall.

Resolved

That:

The Surge report was noted.

201/12 **Capital budget report**

Members received the draft capital programme for the Social Care and Health portfolio, but were advised that information provided was accurate at that point; however, information on Government funding was not yet available.

Officers were thanked for the report.

202/12 **Public Health transfer to the Council**

The Executive Director for Neighbourhoods introduced the item and stated current activity involved identifying existing contracts, this was being done in isolation to whether it was fit for purpose. Members were assured that officers had a good understanding of activity. Members were informed that if the grant

allocation was received from Government, it was expected all contracts could migrate over.

Although commissioners may be minded to change contracts for reasons of performance.

Below are the principal points from the discussion:

- Members suggested that the Council was already carrying out activities to achieve public health objectives; this may be an opportunity to consider provision.
- The role of the third sector and social care was acknowledged.
- Members acknowledged that contracts were simply one element of the picture, and that public health should be a culture within the organisation.
- All Members should be aware of this agenda.

The Consultant in Public Health stated that activities were mapped a year ago. The Executive Director for Social Care stated public health should alter the way the whole Council does business.

Resolved

That:

The Executive Director for Social Care considers how to build public health into decision making.

203/12 **Nursing and Residential Care Assurance Progress Report**

The Panel were updated on progress to embed quality assurance in Walsall's care home community. Members were informed free training was available for homes, and that the theme of dignity was picked up across the sector.

The Chair stated that Members should be more involved in the work of the Quality Board. It was agreed that a Working Group with the aim of how care quality can further be improved would be established, with the following membership:

Councillor D. James
Councillor M. Flower
Councillor E. Russell

Resolved that;

- A Care quality working group is established with the following membership:
  Councillor D. James
  Councillor M. Flower
  Councillor E. Russell

- Although all Members should be sent information on the work of the care quality working group

204/12 **Date of next meeting**

It was noted that the time and date of the next meeting was 6.00 p.m. on 29 January, 2013.

Termination of meeting

There being no further business, the meeting terminated at 8.10 p.m.

Signed: ……

Date: ……