

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Thursday 28th June 2018

Conference Room 2, Council House, Walsall

Committee Members Present

Councillor D. James (Chair)
Councillor D. Coughlan
Councillor S. Ditta
Councillor H. Sarohi
Councillor I. Shires
Councillor K. Sears
Councillor E. Russell

Portfolio Holders Present

Councillor T. Wilson - Children's and Health and
Well Being
Councillor R. Martin – Adult Social Care

Officers Present

Walsall CCG

Simon Brake – Chief Officer
Paul Tulley – Director of Commissioning
Andy Rust - UCC Commissioning Manager
Dr Nasir Asghar – General Practitioner

Walsall Council

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

Healthwatch Walsall

John Taylor

1/18 Apologies

Apologies for absence were received on behalf of Councillors B. Allen, W. Rasab, S. Neville, and G. Clarke.

2/18 Substitutions

Councillor K Sears substituted for Councillor B. Allen for the duration of the meeting.

3/18 Declarations of Interest

There were no declarations of interest for the duration of the meeting.

4/18 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

5/18 Minutes of previous meeting

The Committee considered the minutes of the meeting held on 19th April 2018.

Resolved

The minutes, as circulated, were agreed as a true and accurate record.

6/18 The Place Based Commission of the Walsall Together Alliance

The Committee were informed that the Walsall Together Provider Board worked in partnership to deliver outcomes through contracts with the CCG and Local Authority. Alternative commissioning models and provision were being assessed to identify the most appropriate model for the local health economy. Figure 2 illustrated within the report (annexed) indicated a phased approach to the scope of services included within the place-based care model with an implementation date of April 2019; this would be developed to include more services over the following two years. Out of four potential provider models, the 'host provider model' was preferred.

A Member raised a question around funding. The Executive Director stated that there was a funding gap and reference was made to the Green Paper proposal, and the medium term financial plan.

The Chair of Healthwatch stated that language in reports needed to be clearer and more consistent. Reassurance was sought that the 'host provider' model would not duplicate costs. He expressed concern that the timescale was ambitious and suggested that Walsall residents needed to be involved in the governance of the Walsall Together Alliance. The Director of Commissioning agreed and reassured the Committee that this would be addressed as part of the development of the business plan which would be presented to the committee.

The strategic commissioning arrangements were described, and the three main components were;

1. Commissioning from the partnership.
2. A focus on population and place.
3. Commissioning for outcomes.

A Member questioned if commissioning by outcomes would be better suggesting that commissioning by activity limited the number of patients seen and would have a detrimental impact on waiting lists. The Chief Officer stated that a range of national targets would remain in place. It was hoped that the new commissioning arrangements would support those activities that were in the best interests of the patient. The Executive Director confirmed that funding would follow patients in a more effective way to encourage the right interaction at the right time.

An Elected Member suggested that it would be useful for the report to be taken to each of the Locality Boards and suggested that the Portfolio Holders may have a role in this also.

Resolved

A briefing note clarifying the following issues is circulated to Members of the Committee, by email, prior to the next committee meeting; -

- More detail on timescales of Walsall Together work streams.
- Extrapolation of outcomes of Walsall Together.
- A clear indication of how the Walsall Together governance model will ensure that the voice of the public is represented.
- Use of language is consistent in future reports.

7/18 Adult Social Care – Update

The Head of Community Care stated that the report set out the latest activity data and the financial position for the Adult Social Care directorate. It was noted that data indicated that requests for support for all ages had increased compared to the previous year. In 2017/18, there was a 7% increase in requests for support, which equated to 500 additional requests. Existing long-term service users accessing reablement had decreased by 40% which was attributed to better aligned pathways for discharge.

It was noted that the Adult Social Care directorate were keen to consider the views of all service users and were considering how feedback could be sought from those service users who lacked capacity.

The Committee were advised that Adult Social Care had seen an increase in the number of safeguarding concerns and enquiries. Analysis of this information has suggested that this could be attributed to the closure of two care homes. An increase in Deprivation of Liberty Safeguards (DoLs) applications mirrored the demand seen across the board and work was underway to strengthen practice.

The Healthwatch Chair asked a point of clarity on the withdrawal of staff from the Mental Health Trust. The Head of Community Care stated that it had been identified that low level support was not available for carers, and to meet this need, qualified staff had been withdrawn from the Mental Health Trust and built into the structures of the Walsall Together programme.

The Head of Community Care concluded that recent changes within Adult Social Care, in terms of career development opportunities, pay and models of practice, have enabled the service to recruit to all vacant Social Worker and Occupational Therapist posts. Walsall is a place where people want to develop their careers in Adult Social Care.

Resolved

That a briefing note clarifying the following issues is circulated to Members of the Committee by email prior to the next Committee meeting; -

- How safeguarding information is handled effectively and efficiently through Mosaic.
- Clarification is provided on the number of case reviews as referred to in the report.

8/18 Changes to Urgent Care Centre Centres

The Chief Officer introduced the report (annexed). The report summarised the arrangements put in place by the CCG for enhanced access to primary care appointments, and the outcome of a West Midlands Clinical Senate review of urgent care services in Walsall that was conducted in January/February 2018. Concern had been expressed by the scrutiny committee previously in relation to the provision of primary care in the borough and this was acknowledged by the Chief Officer. The Committee were assured that as a result of these concerns, extended primary care hours had been commissioned at clinical hubs across the Borough. The Committee were also advised that feedback from the West Midlands Clinical Senate was that the proposed model offered a better and more coherent service.

The Committee were informed that the response from public consultation to the proposal to relocate the town centre urgent care centre was not positively received. However the CCG were confident that there were sound clinical reasons to redesign the urgent care offer in Walsall.

The physical redesign of the building at Walsall Healthcare was discussed, along with the practical measures to ensure that the relocation of the urgent care centre to the hospital site did not increase pressure upon the Accident and Emergency department including improved signage. The Committee were also advised that if agreed, preparation would take place over the summer and the town centre walk in centre would close in September to ensure that new arrangements were established in advance of winter pressures.

An Elected Member suggested that the additional primary care appointments had not been well advertised and suggested that awareness of these appointments needed to improve. The Chief Officer stated that this was improving and every practice in Walsall had the mechanism to refer to the service and had done so. The Elected Member suggested that digitalised screens in GP practices could be used to promote the availability of appointments. The GP in attendance stated that patients needed to be aware of these appointments prior to their arrival at the GP practice. An Elected Member suggested the use of the text messaging service which was already used by many practices. The Chief Officer confirmed that he would further consider these suggestions.

An Elected Member suggested that the additional primary care appointments provided at hubs should be bookable through existing electronic booking systems. The difficulties in accessing Walsall Healthcare Trust by public transport were also discussed including cost of car parking at the hospital site. Members stated that the Committee should be assured that West Midlands Travel were aware that urgent care services had moved to one single site and the associated need for public transport. Members agreed that the Chair should raise these issues with the West Midlands Combined Authority. The impact of increased activity at the hospital site

on air quality was also considered and Members agreed that it would be insightful to conduct an air quality check in the proximity of the hospital site. The Chief Officer acknowledged concerns around car parking charges and assured Members that currently individuals were seen in less than 4 hours.

Elected Members asked for assurance that the capacity of the proposed urgent care centre would be sufficient if the town centre facility was closed. Officers suggested that it was expected that some patients would go to different primary care providers and some individuals currently used it as a GP practice as it was more convenient. Members challenged that this may be happening because residents were unable to secure appointments at those GP practices with which they were registered with. The GP in attendance stated that pressure on GP services was a national issue that needed addressing and the change to the Urgent Care Centre was a relative change in capacity which would have nominal impact. The UCC Commissioning Manager agreed to circulate the capacity of the proposed Urgent Care Centre to Members by email.

The Chair of Healthwatch Walsall stated that promotion of the additional primary care appointments needed to improve. Given that 9/10 of consultees were not in favour of the proposal he stated that feedback on consultation should be given more promptly to ensure that consultees felt that their contribution had been meaningful. He also stressed that communication with the public about these changes needed to happen as soon as possible to ensure that the population were clear on the urgent care offer prior to the winter.

Resolution

- The Committee note the update on the CCG plans for the future of urgent care services.
- The Chair of Healthwatch Walsall was asked to produce a paper advising Walsall CCG on the marketing/advertisement of availability of extra GP appointments to increase public awareness of the provision.
- Councillor Doug James to write to West Midlands Combined Authority to express the Committees concerns around the lack of public transport to Walsall Healthcare Trust, in light of CCG proposals in relation to the relocation of the Urgent Care Centre.
- Clarification on the capacity at the Urgent Care Centres is circulated to elected members outside of the committee meeting.
- A paper on air pollution around Walsall Healthcare Trust, and how this is monitored, is circulated to Committee Members outside of the meeting.

9/18 Areas of Focus

The Chair introduced the item and asked Members to give consideration to the items recommended as priorities for the coming municipal year. He explained that suggestions had been produced on a theme basis. The Committee were informed that further discussions with the Chair would be held with the Dudley Walsall Mental Health Trust, Walsall Healthcare Trust and the voluntary sector.

The Chair suggested that finance monitoring reports would be circulated outside of committee meetings with queries fed back to Democratic Services for response. The Chair described each of the themes and explained that 'review' items would also be received by the Committee. A work programme scheduling the suggested themes would be circulated to committee members.

The Chair invited two members of the public in attendance to contribute to discussions about the work programme. The complexity and fragmentation of services was noted and that this led to difficulty navigating services. It was also stated that there were large empty retail premises which could provide non-urgent services. The Chair welcomed the remarks and described how meetings would be structured.

An Elected member stated that items previously considered by the committee were outpatient appointments at Walsall Healthcare Trust, the reconfiguration of stroke services, and discharge to assess figures. It was suggested that this should be considered by the committee in the coming municipal year.

It was also noted that there would be national announcements in the autumn in relation to NHS funding which would provide a strategic and national view of funding in the Borough.

Resolved

1. The following work programme themes were agreed for the municipal year;
 - Welfare Assistance,
 - Young People and Social Care to be considered by a working group,
 - Hospital Services and Community Care,
 - Partnership Working (Health and Social Care Integration),
 - Voluntary Sector and Capacity Building,
 - Finance (Investment, Better Care Fund and Health Service)
 - Mental Health – to include a visit into the community.

2. The Committee receives the financial end-of-year outturn report and quarterly outturn forecasts throughout the year outside of the Committee and not as part of the agenda.

The date of the next meeting was agreed as 13th September 2018.

There being no further business the meeting terminated at 8.30 p.m.

Signed:

Date: