

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

**Thursday 11<sup>th</sup> April 2019, 6.00 p.m.**

**Conference Room 2, Council House, Walsall**

### **Committee Members Present**

Councillor D. James (Chair)  
Councillor B. Allen  
Councillor D. Barker  
Coughlan D. Coughlan  
Councillor G. Clarke  
Councillor M. Follows  
Councillor S. Neville  
Councillor J. Rochelle

### **Portfolio Holders Present**

Councillor R. Martin – Adult Social Care

### **Others Present**

#### **Walsall Council**

Paula Furnival – Executive Director Adult Social Care  
Simon Brake - Accountable Officer (Walsall CCG)  
Anne Doyle – Group Manager Performance  
Nikki Gough – Democratic Services Officer  
John Taylor – Chair of Healthwatch Walsall

### **55/18 Apologies**

Apologies for absence were received on behalf of Councillor S. Ditta, I. Shires, W. Rasab and T. Wilson.

### **56/18 Substitutions**

Councillor D. Barker substituted for Councillor I. Shires for the duration of the meeting.

### **57/18 Declarations of Interest**

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

### **58/18 Local Government (Access to Information) Act 1985 (as amended)**

There were no items to be considered in private session.

### **59/18 Minutes of previous meeting**

The Committee considered the minutes of the meeting held on 26<sup>th</sup> February 2019. It was noted that the Chair had written to the Chancellor of the Exchequer and a response had been received, this would be circulated to Members of the Committee.

## **Resolved**

**The minutes, as circulated, were agreed as a true and accurate record subject to the inclusion of the attendance of John Taylor and Councillor G. Clarke.**

## **60/18 Adult Social Care Statutory Services**

The Executive Director for Adult Social Care introduced the report and explained that it clarified the statutory functions of Adult Social Care and provided an update on how social care was performing. The Committee received a presentation on 'Adult Social Care Demand and Performance' (tabled) which provided an overview on funding, current activity, costs, budget, spending, the directorate plan, quality in care homes and the Walsall Together programme.

Discussion on the assurance of the quality of care homes ensued and it was noted that the levels of payment from Walsall Council to providers were lower than the West Midlands and England average.

It was noted by the Committee that the Adult Social Care directorate was overspent by £2.95m; however, at the end of February 2019 this had been reduced to £0.33m. The Committee were advised that the priorities of the adult social care directorate were set out in the directorate plan. Through the review of care packages and means testing, the directorate had achieved savings of £3m, which had been completed as part of the savings and transformation programme.

The Chair of Healthwatch stated that at Healthwatch's most recent public meeting, the focus was on 'care in residential and nursing homes in Walsall'. These public meetings were held each quarter in order to focus public feedback and discussion around key local health and social care themes.

The events that led to the closure of care homes was discussed and it was acknowledged that closure was considered as a last resort. There was a significant cost implication to the closure of a care home; however, there was a legal right to recharge the homeowners and this action was taken by the Council. In response to a Members question about care home placements and the method of selection of a care home, the Executive Director stated that individuals and their families chose their preferred care home. The Council's role was to facilitate the process, it was noted that affordability did play a part in the selection.

## **Resolved**

**That the report on Adult Social Care Statutory Services was noted.**

## **61/18 Walsall Together Alliance**

The Committee were informed that in February 2018, Cabinet agreed the case for change for the Walsall Together approach, which outlined the renewed vision for improved health and care in a more efficient way. The report updated the Committee on the approval of the Walsall Together business case and that Walsall Healthcare Trust would be acting as the 'host' to lead integration contractually.

The Committee were informed of the strengths of working in such a way, and the operational model, which would reduce the funding gap from £164m to £61m (if all plans were delivered and no other factors affected this). There were a series of work streams that went across organisations, priorities were shared to ensure the most cohesive care. A multi-disciplinary team held meetings to discuss high-risk cases and coordinate care.

The Committee were informed that the aspiration was for data and information to be held in one place, which could be accessed across all organisations. Effective systems were needed to create a single patient record. It was also noted that a proportion of the Walsall population attended the Royal Wolverhampton Hospital Trust who would also be part of the alliance. Members welcomed this update.

The Chief Officer (Walsall CCG) described the creation of local primary care networks, which served communities of 30,000 to 50,000. Walsall was an early adopter of primary care networks and as part of this, GPs had been asked to create geographically coherent networks, which were mindful of localities. Members challenged if all GPs were invested in this model. The Committee were reassured that Clinicians were eager to work in this way.

A Member challenged GP coverage and how GPs could be encouraged to move into areas that were not well served by GPs. The Chief Officer assured Members that Walsall was well served compared to other areas and the distance to a GP were all within acceptable ranges. The CCG encouraged primary care providers to offer services as close to a patients home as possible through collaboration with other practices, this also made primary care more resilient.

The Chair of Healthwatch questioned consultation of the public in relation to the governance of the Walsall Together alliance. The Executive Director stated that the business case had been through the relevant Governing Boards in each organisation and that to date there had not been an opportunity for the public to inform the development of the alliance, however the public would be consulted at the appropriate stage in the future which should provide a better opportunity to meaningfully engage people in the process. The Chair of Healthwatch expressed concerns that the business case had been taken through private session in each organisation and held concerns that the proposed governance structure was inadequate.

A Member suggested that public health should play an important part in the Walsall Together Alliance and public health protection should be a consideration in the provision of health services to prevent individuals from becoming unwell and needing to access healthcare. The Committee agreed that in the future it needed to consider:

**Resolved that**

**The Committee request the following reports to future meetings of the Committee:**

- 1. Primary care networks,**
- 2. Geographic access to primary care,**
- 3. The governance of Walsall Together Alliance.**

### **62/18 Social Care Brokerage**

The Group Manager informed the Committee that the report described the impact of financial investments made into developing a dedicated Adult Social Care Brokerage Team. Historic purchasing methods were varied, lacked structure and process. The development of an all commissioned Adult Social Care Brokerage Team was put in place. This had enabled the use of a single system to deliver the brokering of care, allowing the alignment of the needs and financial assessment of users. The Brokerage Team now broker a more extensive range of care provision and have formed positive relationships with internal and external stakeholders. This had also enabled full oversight of the care that was being delivered across the Borough.

A Member asked if it would be possible to track cases from end to end, Officers confirmed that this was the case. Officers suggested that this way of working had huge potential for application

### **Resolved**

**That the Social Care Brokerage report be noted.**

### **63/18 Young Peoples Working Group**

Councillor Allen introduced the report as the Lead Member for the Working Group. The Committee were informed that the group had met with witness from Public Health and the CCG to consider evidence in relation to young people's mental wellbeing. The group were impressed by their openness and willingness to engage. The Committee were reminded that the group was given the scope of examining the provision of services, which enable young people to have healthy mental wellbeing. A range of services available were considered and a case study from a young person who had accessed these services.

The Working Group were thanked for their consideration of the important subject.

### **Resolved that**

**The Young Peoples Working Group report be forwarded to Cabinet and the CCG Board for their consideration.**

### **64/18 Social Care and Health Overview and Scrutiny Committee Draft Annual Report**

The Committee were advised that the report detailed work carried out by the Committee for the period 2018/19. The consideration of a wide range of topics from a range of organisations was considered.

The Accountable Officer for Walsall CCG stated that the relationship between the health service and the overview and scrutiny committee had enabled Walsall CCG to complete their activities and better understand the implications of proposed changes. The hard work of the committee was commended and it was recognised that the committee had considered and commented on some significant issues.

**Resolved**

**That the Social Care and Health Overview and Scrutiny Committee draft annual report be agreed.**

**65/18 Areas of focus 2018/19 and Forward Plans**

The Committee reflected on the issues it had considered throughout the year, and suggested that Members had the opportunity to raise potential scrutiny items with the Chair.

**Resolved**

**That the areas of focus 2018/19 and the forward plan were noted .**

**Date of next meeting**

There being no further business the meeting terminated at.7.55 pm.

Signed: .....

Date: .....