

HEALTH SCRUTINY AND PERFORMANCE PANEL

Thursday, 14 November, 2013 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor D. James (Vice-Chair)
Councillor R. Burley
Councillor M. Flower
Councillor E. Russell

Portfolio Holders Present

Councillor McCracken – Portfolio Holder for Social Care
Councillor Towe – Portfolio Holder for Finance

Officers present

John Bolton – Executive Director (Social Care and Inclusion)
Andy Rust – Head of Joint Commissioning Unit
Dan Mortiboys – Senior Finance Manager
Phil Griffin - Strategic Lead for Service Transformation and Redesign
Sally Roberts - Walsall CCG Lead Nurse
Richard Kirby – Chief Executive Walsall Healthcare Trust
Nikki Gough – Committee Business and Governance Manager

268/13 Apologies

There were no apologies received for the duration of the meeting.

269/13 **Substitutions**

There were no substitutions received for the duration of the meeting.

270/13 **Declarations of interest and party whip**

There were no declarations of interest or party whip.

271/13 Minutes of previous meeting

The minutes of the previous meeting held on 19 September 2013 were approved as a true and accurate record.

272/13 Finance report

The Executive Director for Social Care and Inclusion introduced the report which set out the draft budget proposals for 2014/15 (annexed). The Panel were informed that Cabinet had identified 4 areas which were considered a policy change, these were:-

1. Removal of Social Care recruitability payments
2. Review of preventative low priority services
3. Review care costs in extra care housing
4. Reduce the number of community satellite bases for day services

The Chair stated that he had some further queries around 'the removal of Social Care recruitability payments' and suggested that the income was significant to the individuals who received it and this gave a sense of purpose to these people. Members questioned the consultation that had taken place with users and their carers. They were assured that everybody had been consulted and had had the opportunity to speak at public meetings or contact officers individually. This response would be collated together and presented to allow Cabinet to make their decision.

The Executive Director for Social Care stated that there was an issue around the way individuals on the scheme were paid and the minimum wage act, this meant that the scheme was not distinguished as voluntary work or paid work. It was agreed by Members that this needed resolving moving forward.

A Member requested that the 'health impact' was included on Cabinet/Council reports to allow a test of proposals against health and well being. It was agreed that this should be raised as a general point to officers.

The Portfolio Holder for Social Care stated that he would take the comments back to Cabinet, and that this was a draft budget which was out to consultation, emphasising

that none of the proposals to stop services were wanted but they were the only available options.

The Chair drew Members attention to page 7 of the report where the decision not to continue with the 'quality team' had been taken. He asserted that he would like to see the business case for monitoring of quality and assurances that this would be ongoing and that the functions of the team would still be carried out as the budget report did not provide these assurances. Members echoed that the work of the quality team was regionally recognised and this included the performance dashboard used by the team. Members agreed that they needed to be further assured that quality assurance would be maintained. The Head of Joint Commissioning explained that intelligence would be taken from all teams including social workers and that officers would be looking at quality sitting more appropriately in contracts as an overall approach.

Members asked for assurance that welfare rights would be protected for those suffering from mental health problems. The Executive Director of Social Care stated that as a user of Social Care everyone has access to the Councils welfare rights team. The Portfolio Holder for Finance stated that there was a piece of work ongoing to look at the whole of welfare rights and suggested that the scrutiny panel may wish to receive it. Members agreed they wished to see this as soon as possible.

A discussion was held around the pressure that cuts and reductions in funding would place on the DWMHT (Dudley Walsall Mental Health Trust). The Executive Director stated that it was recognised that things needed to be done differently and there was a sense that the Chief Executive of the DWMHT acknowledged this.

The Chief Executive of the Manor Hospital said that the support to the intermediate care service was valuable in assisting people to stay at home and reduced pressure on the acute hospital.

Resolved

That:-

- 1. The Health Scrutiny and Performance Panel request that Cabinet give further consideration of the budget proposal to 'remove Social Care recruitability payments' and that further consideration is given to its options for the future. The Health Scrutiny and Performance Panel**

request a report containing a detailed business case to ensure the sustainability of the service for the future.

- 2. The Health Scrutiny and Performance Panel wish to receive a further report on the proposal to remove the quality assurance team, and further assurances that its functions will continue to be executed**
- 3. The review of welfare support and advice is taken to the Health Scrutiny Panel as soon as possible, to reassure the Health Scrutiny Panel that residents will continue to be supported.**

273/13 Finance report – second quarter monitoring

The Finance Manager presented the report (annexed) which summarised the predicted revenue outturn position for 2013/14, based on the financial performance for quarter 2 (July 2013 to September 2013), for services the remit of the Health Scrutiny and Performance Panel. The Integrated Community Equipment Service (ICES) pooled budget is forecast to fully utilise the resources available. The Public Health service is forecast to fully utilise the resources available. There is currently a forecast overspend against the learning disability budget of £2.141m. The Executive Director stated that this was the biggest challenge that the service had, which was being given a lot of attention.

Members discussed possible duplication of contacts within public health and suggested that the panel may wish to debate this in the future.

Resolved

That:-

The report was noted.

274/13 Walsall Community Health Services – Commissioner arrangements for community services in Walsall

The Lead Nurse for Walsall CCG presented the report (annexed). The Panel were informed that community services were commissioned through the CCG and provided by Walsall Healthcare Trust, and Dudley Walsall Mental Health Trust (DWMHT). Members asked the following questions:-

1. What is performing well and what is not performing well – how is this measured?
2. Where gaps have been identified, what changes were planned in the next few years?

3. How is post natal/maternity performing?

The Chief Executive of Walsall Healthcare Trust stated that a full range of maternity services were provided. However the ratio of midwives to births was slightly higher than the provider would like. The midwife led facility for low risk mothers had capacity which the provider hoped could be utilised more in the future.

In response to questions Officers stated that a review would be carried out to consider the currencies used in the contracting of community health services.

The impact of the effectiveness of community health services on patient flows within the hospital was discussed. The Chief Executive of Walsall HealthCare Trust stated that improved integration was an advantage of the acute hospital also being the provider of community health services.

The Strategic Lead for Service Transformation and Redesign stated that the Joint Strategic Needs Assessment (JSNA), (which describes the population and its needs) informed what was commissioned locally.

Resolved

That:-

1. A report is taken to the panel from the provider of community health services to allow the panel to get a greater sense of what informs monitoring decisions within the service and in prioritising the budget.
2. A further report is taken to the Health Scrutiny Panel from the commissioners of community health services to describe what informs commissioning decisions, how they are monitored and how the community health services budget is prioritised.

275/13 NHS 111

The Project Lead for the West Midlands presented the report (annexed) and stated that there had been a huge provider failure of the '111' service and this had largely

been due to a shortage of staff to deliver the service. West Midlands Ambulance Service had since taken over to provide the service from 12th November 2013 until April 2015. The intention of NHS111 is that the patient was directed to the most appropriate care.

The NHS111 lead Officer stated that extra training had been given to staff and the configuration of the room had also changed to allow clinicians to sit alongside the call taker. Local GP's had open access to the call centre. Publicity of the service was discussed, and it was noted that there was a plan to encourage people to dial '111', however this needed to be planned to manage demand.

276/13 Draft Work Programme 2013/14 and Forward Plan 2013/14 and Forward Plan

Councillor James stated that the Care Quality Working Group would be presenting their report to the panel on 17th December 2013. The work programme and forward plan was noted.

277/13 Date of the next meeting

The date of the next meeting was 17th December 2013 at 6pm.

The meeting terminated at 8.15pm.

Signed:

Date: