SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Tuesday 27th February 2018

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 A. Hicken
Councillor T. Jukes
Councillor J. Rochelle

Portfolio Holders Present

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

Officers Present

Walsall CCG
Simon Brake – Chief Officer
Dave Whatton, Senior Commissioning Manager
Rupesh Thakkar **-** Interim Head of Medicines Management
Sarah Shingler, Chief Nursing Officer/Director of Quality

NHS England
Karen Davis – Interim Head of Commissioning

Birmingham Community Healthcare
Ben Cochrane - Divisional Director Dental Services

Sandwell and West Birmingham CCG
Andy Williams - Black Country Sustainability and Transformation Partnership (STP) Lead

Walsall Council
Paula Furnival – Executive Director (Social Care)
Martin Thom - Head of Community Care
Trevor Thompson – Group Manager (Social Care)
Nikki Gough – Democratic Services Officer

61/18 Apologies
Apologies for absence were received on behalf of Councillor D. James, and Councillor K. Phillips.

62/18 Substitutions
There were no substitutions for the duration of the meeting.

63/18 Declarations of Interest
Councillor B. Allen declared an interest as an employee of Walsall Healthcare Trust.

64/18 Local Government (Access to Information) Act 1985 (as amended)
There were no items to be considered in private session.

65/18 Minutes of previous meeting
The Committee considered the minutes of the meeting held on 18th January 2018.

Resolved
The minutes of the meeting held on 18th January 2018 were agreed as a true and accurate record.

66/18 The Black Country Sustainability and Transformation Partnership (STP)
The Black Country Sustainability and Transformation Partnership Lead described the significant challenges faced by the Black Country health and care system. The STP provided a framework to act systematically and collaboratively to address the wider determinants in order to close the gaps in care quality, health outcomes and financial sustainability. The Committee were advised that the STP was a forum for 18 partners to share good practice and collaborate.

The accountabilities of the STP were described;

1. Integrated, place based delivery in each locality with a clear link to populations,
2. NHS delivery across the Black Country and West Birmingham to deliver the national NHS targets within available resources,
3. System wide collaborations to address the wider determinants of heath and wellbeing with links to other systems and the West Midlands Combined Authority.

The proposed new governance structure of the STP was described by the Black Country STP Lead which identified the need for a part-time independent chair to co-ordinate and hold partners to account and to represent the partnership. It also identified the need for a full-time Programme Director to ensure the delivery of the partnership work streams and a NHS lead to co-ordinate the work of the NHS organisations.

In response to a question from a Member the Black Country Sustainability and Transformation Partnership Lead responded to state that there was a big opportunity to collaborate and improve services, for example, the recruitment and retention of staff. The Black Country Sustainability and Transformation Partnership Lead was asked if the proposed governance structure would include paid roles and if so how

would this be funded. The Committee were informed that all STP roles were carried out on a voluntary basis and in addition to regular work load. It was likely that the Independent Chair would be paid through a small resource received from NHS England. A Member agreed that the work load resulting from the STP should be shared across organisations and suggested that costs should be kept to a minimum to ensure that resources were available for clinical staff.

The Committee were advised that the health system in the Black Country had a strong track record of collaboration. The Chief Officer of Walsall CCG stated that Walsall CCG had directly benefited from funding allocated to the STP which was pooled to alleviate winter pressures. As a result of the STP Walsall CCG received proportionately more funding than other authorities due to an increased need.

A Member stated that the Committee were concerned that health services were moving outside of the Borough and that this was disadvantaging local residents. It was stressed that local services would be preferred. The Black Country Sustainability and Transformation Partnership Lead stated that this was the most contentious issue; the Committee were informed that services would be moved out of borough where there was evidence that better outcomes could be achieved by doing so. The Committee were also informed that there were some services that residents did not currently have access to and it was hoped that the STP would improve access to these types of service within the Black Country. If service changes were proposed the Overview and Scrutiny Committee would continue to be consulted.

The Committee thanked the Black Country Sustainability and Transformation Partnership Lead for the presentation and suggested that Members now had a better strategic understanding of the STP and the principles that it was trying to achieve.

Resolved;
That the presentation was noted.

67/18 Proposed Relocation of Dental General Anaesthetic Services

The Committee were advised by the Divisional Director for Dental Services that the Birmingham Community Healthcare NHS Foundation Trust were currently providing secondary and community dental services for all West Midlands patients within Birmingham Community Dental Hospital as well as community locations across Birmingham, Sandwell, Walsall and Dudley. The Trust also provided services under General Anaesthesia at Walsall Manor Hospital. The Committee were informed that the service had seen a reduction in available theatre space across the Black Country and this had meant that the Trust needed to consider alternative arrangements. As part of this a business case had been developed which included two options. The options were; -

Option 1: Lease space to provide <u>one</u> theatre and relocate services currently based in a temporary facility at Birmingham Dental Hospital

Option 2: Lease space to provide <u>two</u> theatres and relocate all General Anaesthetic services from their current locations

It was stressed that this proposal related to services under general anaesthetic only, which was used as a last resort, and did not relate to Walsall Community dental services.

Members challenged how this would lead to service improvements for Walsall residents. The Committee were advised that where possible patients had an assessment and were offered sedation rather than general anaesthetic. Currently the service operated in Walsall for a small number of hours each week and patients had little choice over appointment times and days. This was due to reduced access to the theatre at Walsall Healthcare Trust due to winter pressures. The proposal aimed to protect a local service for patients. A Member asked if the options appraisal had been restricted to Birmingham and questioned if other Black Country locations been considered. The Divisional Director of Dental Services stated that Birmingham Community Healthcare NHS Foundation Trust had contacted all acute trusts to request additional capacity and this had not been made available.

The Interim Head of Commissioning stated that NHS England, as commissioners of the service, would be supportive of the proposal to develop two theatres. It was felt that if alternative provision could not be secured Walsall residents may be forced to travel much further distances.

The Portfolio for Health stated that it was important that the environment was suitable for children and that the procedure was carried out with sensitivity. He agreed that there were good reasons for locating this specialist type of surgery in a dental hospital.

A Member asked how the proposal would affect waiting times. The Committee were informed that dependent on the clinical need, waiting times could be around 8 – 10 weeks due to the limited theatre space available to Birmingham Community Healthcare Trust at Walsall Healthcare Trust. If services were located at the dental hospital it was anticipated that the waiting time would be 2-3 weeks.

A Member observed that these proposals were in contrary to the previous presentation which informed the committee of plans for organisations to work together to provide local services. It was also stated by a Member that if investment was going to be made in one theatre in Birmingham it was logical for there to be two theatres. Members asked for clarification on what the Committee were being asked to comment on. The Divisional Director for Dental Services stated that the Committee were being consulted because of the change in location of the service and to seek the Committees view on the two options presented in the report.

Members agreed that in some areas of Walsall the provision of the service in Birmingham would have a great impact on individuals. The Interim Head of Commissioning stated that the business case could include options for transport if necessary. However it was suggested by the Divisional Director of Dental Services that the provision of transport would require extra funding. A Member stressed that a resident travelling from Willenhall to the Birmingham Dental Hospital could face a 1 hour 50 minute journey.

The Divisional Director for Dental Services informed the Committee that Birmingham Community Healthcare Trust had approached every acute trust in the Black Country and that it would not be possible to build theatres in both Birmingham and the Black Country due to financial constraints. The Committee were also reminded of the benefits of this bespoke and specialist service.

The Chief Officer from Walsall CCG clarified that NHS England commissioned the service for the West Midlands. The Committee discussed the 'did not attend' (DNA) rates; Members were informed that the attendance rate for paediatrics was high.

A Member questioned how many residents this would affect and under which circumstances a child would be put under general anaesthetic. It was clarified that within a 9 month period 17 people had attended the clinic at Walsall Healthcare Trust. However it was stressed that theatre space in Walsall was limited. The Committee were also advised that the use of general anaesthetic was dependent on the individual child, their treatment needs, levels of cooperation, and the history of pain.

A Member stated that public health information indicated that there would be an increased need for children to use this service and that this trend would continue and concluded that it was important that the location of this service was local for residents.

Resolved that;
1. The Committee was not satisfied with options 1 or 2 contained within the report, as both options remove the provision of dental services under General Anaesthesia in Walsall.
2. The Committee did not receive sufficient information from the commissioners of this service to respond to the consultation.
3. A further report is received at a future meeting of the Committee.

68/18 Adult Social Care – Mental Health Service Transformation
The Head of Community Care spoke to the presentation (annexed). The Committee were informed that the current model of section 75 partnership arrangements was aimed at specifically meeting the needs of those that have already entered into the specialist mental health services and that this was those beyond crisis/early intervention.

The introduction of the Care Act 2014 set out new duties on local authorities to provide information, advice and preventative services to reduce the need for formal social care support. The impact on Mental Health was expected to be seen in demand for prevention and enablement services and an increased demand for a carer's assessment. However as the Local Authority's current model did not provide provision for preventative services this demand had not materialised. The Council were not assured that it was discharging the Councils duties as set out by the Care Act 2014 due to the historical arrangements stated. The Committee were informed that the planned changes would include social care mental health staff working alongside the wider staff group within the locality model, alongside GPs and other professionals. The proposed model would allow early intervention to prevent the need for specialist services.

A Member clarified the age that the services related to, and the current process. The Head of Community Care stated that this was age 18 and above and currently the GP referred to the Mental Health Trust and individuals were assessed. If necessary they were then allocated a social worker. In the new model an individual would visit their GP who would liaise with the locality team to offer the individual a lower level service. It was stressed that the driver of this change was the care act which aimed to deal with lower levels of mental health need.

A discussion on the transition from Child and Adolescent Mental Health Services (CAMHS) to adult services was held. Members asked if mental health services for 17 year olds had been improved. The Head of Community Care confirmed that there was significant work underway to assist the transition from children's to adults services. It was hoped that the model of services for individuals aged 16-18 years would help to prepare individuals for independence. A Member asked how Looked After Children would be supported. The Committee were advised that adult social care would become involved at age 14 years to ensure that the school had a plan to achieve the best outcomes for the child and ensure independent was promoted.

The Portfolio Holder for Health asked if housing were involved in the redesign of the service. The Head of Community Care stated that housing were involved in the locality team model and this was the start of the journey in embedding locality working for education, housing and health.

Resolved;
Officers were thanked for the presentation and an update be taken to the Committee in 6-8 months.

69/18 Reconfiguration of Stroke Services
The Committee were advised that the report summarised the agreed arrangements that would be put in place, as detailed in previous reports to the Committee. The new arrangements would have an implementation date of 11th April 2018 and NHS England was satisfied with the process undertaken by Walsall CCG. The Committee were also advised that there was clear indication that rehabilitation services could be provided within Walsall Healthcare Trust.

A Member expressed concern around speed of access for self presenting patients and the temporary situation of rehabilitation services. The Chief Officer explained that the rehabilitation service was currently based at ward one (Walsall Healthcare Trust) and this was where the service would remain until a community based model was appropriately developed. If a community based model was proposed it would be reconsidered by both a Clinical Senate and the Scrutiny Committee. In response to questions from members it was stressed that the agreement for ward 1 to be utilised for stroke rehabilitation services was open ended and not time limited. The Trust had given a clear commitment to the commencement of the service. The disruption that the closure of junction 10 would cause on accessibility to the Royal Wolverhampton Hospital for Walsall residents was considered. Members were reassured that accessibility for ambulances would remain. The Chief Officer also stated that it was anticipated that individuals would attend their nearest hospital if they were unsure of their condition. However it was acknowledged that a small

number of patients would identify their symptoms and may attend Wolverhampton Hospital, and for this group of individuals their journey may be slower. It was stressed that all national advice was to call 999 if a stroke was suspected. In order to mitigate this risk further Walsall CCG would reinforce the FAST advice through its normal communications.

A Member suggested that the consultation questions in relation to stroke services were leading and that it was disappointing that the problem with transport was ongoing, and suggested that the service in Walsall was leading in Stroke. It was also questioned if Holly Bank house had been considered for the rehabilitation service. The Chief Officer informed the Committee that the current service provided by Walsall Healthcare Trust was limited and did not meet the national standards which included 24 hour provision.

Standing orders were suspended to allow the Committee to continue past 9pm.

A query was raised around the number of stroke rehabilitation beds currently at Holly Bank House and if there would be sufficient capacity in ward 1. The Committee were informed that community based rehabilitation would still be offered and more intensive rehabilitation would be offered on ward 1. The Committee were assured that there would be capacity on ward 1. A Member indicated that the capacity of stroke rehabilitation beds should be monitored by the Committee.

The Chair stated that during the transition period the Committee sought assurance that the CCG would protect the stroke rehabilitation beds at ward 1, when there were competing pressures for bed capacity at the Trust.

Resolved

That an item on the 'reconfiguration of stroke services' is received by the Committee in the new municipal year.

70/18 NHS Consultations – Conditions for which over the counter items should not be routinely prescribed in primary care

The Interim Head of Medicines Management informed the Committee of a national consultation launched by NHS England which related to conditions for which over the counter items should not be routinely prescribed in primary care. This included conditions which were considered to be self limiting and would heal on their own, or that could be purchased over the counter at a lower cost than that would be incurred by the NHS, and for which there is little evidence of clinical effectiveness.

Members expressed concern that the prescribing for these conditions would be left to the clinical judgement of the GP which would place them in a difficult position. It was acknowledged by Officers and Members that it was not clear whether the consultation applied to both adults and children. It was stressed by the Chief Officer that clinicians could prescribe medication if it was considered to be in the best interests of the patient.

A Member queried how individuals that required a large amount of medication such as paracetamol would manage their conditions as pharmacies limited the amount of

tablets that could be purchased. It was stressed that these changes were for minor conditions only and that those individuals with long term conditions would continue to receive prescriptions for their medication.

In response to a question about the press coverage of the issue the Interim Head of Medicines Management stated that the information would be disseminated through facebook, tweets and the webpage.

The Chief Officer was asked if there was a risk of harm to patients if GPs made the wrong judgement. He responded to state that there was always an element of judgement when GPs were prescribing medication. A Member asked for improved training for pharmacists to compliment the changes.

Resolved;
That the report was noted.

71/18 NHS Consultations – Items which should not be routinely prescribed in primary care
The Committee were informed that NHS England released a 12 week consultation on 'low value' products, this included 18 treatments which had been used to treat a variety of conditions historically, but over time there had been a reduction in prescribing of these medicines/treatments due to the development of safer and more effective alternatives. It was stressed that individuals should not discontinue the use of these medications without consulting their GP.

Members questioned if the listed medication could be prescribed if the alternative medication was not tolerated by patients. The Interim Head of Medicines Management confirmed that this was the case.

Resolved;
That the report was noted.

72/18 Areas of Focus 2017/18
The area of focus 2017/18 was noted.

73/18 Date of next meeting
The date of the next meeting was agreed as 19th April 2018.

There being no further business the meeting terminated at 9.20 p.m.

Signed: …….

Date: …….