HEALTH SCRUTINY PERFORMANCE PANEL

Tuesday 17th December 2013 at 6 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

Councillor V. Woodruff

Officers present

John Bolton – Executive Director, Social Care and Inclusion

Andy Rust - Head of Joint Commissioning Unit

Peter Davis – Head of Community Care

Richard Kirby - Chief Executive, Walsall Healthcare Trust

Phil Griffin - Strategic Lead for Service Transformation and Redesign

Diane Osborne - Commissioning Project Manager

Isabel Gillis – Director of Public Health

278/13 Apologies

Apologies were received on behalf of Councillor O. Bennett.

279/13 **Substitutions**

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

280/13 **Declarations of interest and party whip**

Councillor V. Woodruff declared an interest as an employee of Walsall Healthcare NHS Trust.

281/13 **Minutes of previous meeting**

The minutes of the meeting held on 14 November 2013 were agreed as a true and accurate record.

282/13 **Urgent Care Review**

Members were informed that Walsall Clinical Commissioning Group (CCG) was about to review the current urgent care access arrangements in the Borough. Access to urgent care services in Walsall has evolved over recent years and it is recognised that some people don't always know which urgent care service they should use.

Urgent care services are made up of a wide range of services including: Out of Hours GP Service; Accident and Emergency at The Manor Hospital; NHS 111; NHS Choices Website; Ambulance Service; the Walk-in Centre or local pharmacies; the Urgent Care Centre and so on. The progress and outcomes of the review would be reported to a future meeting. The Chair stated that it was sensible that the services

are reviewed but added that the Scrutiny Panel expected a robust proposal at the end of the review and that they did not currently believe that GP services alone could replace the Walk in Centre. Members were informed that by February there would be consultation options available for the Panel to consider.

Resolved that; -

The Panel consider the consultation options for urgent care at the next appropriate meeting

283/13 **Consultation on IVF Policy**

Officers informed the Panel that Walsall CCG was participating in a harmonisation process of key policies, and the first of this was the IVF policy. This was in the development phase, and in Walsall there was minimal changes. The Chair stated that it seemed fair that the postcode lottery was eliminated, and asked for clarification about what 'two dashes' meant in the appendices, officers stated that they would confirm this outside of the meeting. Members were informed that appendix 2 contained the definition of what infertility is and appendix 3 described the eligibility only. A discussion was held around the policy detail, members requested further information on the current policy, the proposed policy and the impact of this in Walsall i.e. the costs and numbers of people requesting IVF in Walsall.

Recommendation

The Health Scrutiny and Performance Panel in principal support the harmonisation process, further comment may be provided once a more detailed report is received.

284/13 **Community Health Services in Walsall**

The Chief Executive of Walsall Healthcare Trust described a case study to the Panel of a patient with several co-morbidities who was reliant on acute care, and had 11 emergency admissions in 12 months. In January 2012 she was picked up by the community matrons, and since then she hadn't been admitted at all. This was because she had services and equipment organised for her at home. In addition when the patient attended her specialist appointments they were arranged so that she had to make just one trip to hospital. This illustrated the impact that community care could have.

The presentation (tabled) highlighted the number, cost, location and range of community services. An issue that was raised was 'block contracting', as this meant when demand increased payment to the provider didn't. The Trusts preference would be for payment by results. Members were informed that complaints relating to community health services were always to do with the transfer of care rather than the quality of care.

After considering the priorities of community health services Members asked how the Trust was going to achieve them. The Chief Executive stated that this information could be provided to the Panel.

Officers reassured Members that there was a lot of work going on between the CCG and Walsall Healthcare Trust to consider community nursing.

In response to a question about recruitment in the following services –

- Incontinence services – more detail would be sent to Members outside of the meeting

- Health visitors – this team was stretched, Members asked for reassurance that this did not lead to any safeguarding issues, officers confirmed that those children most at risk were prioritised
- Community nurses – there were 5% vacancies and there was still pressure in the team.

The Chair asked if there was a move to payment by results how they would be held to account, and how performance measures may change. The Chair also asked about the role of community health services in preventing unnecessary admissions into the hospital. The Chief Executive of Walsall Healthcare Trust explained that community health services were looking at those patients who had more than 4 emergency admissions in the last 4 months and working with them to prevent their repeat admissions.

Resolved

That:-

A further report on community health services is taken to the Health Scrutiny Panel, containing information on how priorities will be achieved.

285/13 **Budget reports**

At the Health Scrutiny and Performance panel on 14th November 2013 Members requested a report which reassured Members on the process of quality monitoring should the quality team no longer be in operation following budget proposals. A history of care homes was provided to the Panel, and they were informed that the report described how quality would be ensured if Cabinet took the quality team away. Members questioned the role of the CQC; officers explained that the CQC were proposing the re-introduction of star ratings. Members agreed that they did not feel reassured by that the CQC would ensure quality in care homes and suggested that there may be a gap on the front line for analysing data and that the removal of the quality team would leave the Council in a reactive position and not proactive position.

The Chair stated that Councillors should be doing more and suggested a rota may be established to visit care homes, officers stated that this would be a useful way of triangulating information. It was agreed that the Head of Joint Commissioning Unit would lead this exercise.

Resolved

That:-

The recommendations within the report were noted and in the future Members should be supported by staff to visit care homes.

286/13 **Care Quality Working Group final report**

Councillor James presented the report and thanked everyone involved for their contribution. Members were asked to consider the key recommendations during a time where difficult decisions needed to be made. The Executive Director clarified that once approved by the Panel the report would be sent to the Cabinet Member for her attention and response.

The Chair thanked Councillor James for his commitment and hard work with the group.

Resolved

That:-

- **The final report of the Care Quality Working Group and the main recommendations contained in the covering report were approved by the Health Scrutiny and Performance Panel.**
- **The report should be forwarded to the Portfolio Holder and the progress of the recommendations should be monitored by the Health Scrutiny Panel.**

287/13 **Draft Work Programme 2013/14 and the Forward Plan**

The draft work programme 2013/14 and the forward plan were noted.

288/13 **Date of the next meeting**

The date of the next meeting was 30th January, 2014 at 6.00 p.m.

There being no further business the meeting terminated at 8.25pm.

Signed: ………………………………….

Date: ………………………………….