

HEALTH AND SOCIAL CARE SCRUTINY AND PERFORMANCE PANEL

Tuesday, 16 September, 2014 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor E. Hazell
Councillor L. Rattigan
Councillor E. Russell
Councillor D. Shires

Portfolio holders Present

Councillor D. Coughlan
Councillor I. Robertson

Officers Present

Keith Skerman – Executive Director (Social Care and Inclusion)
Andy Rust – Head of Joint Commissioning Unit
Dan Mortiboys – Senior Finance Manager
Phil Griffin - Strategic Lead (Service Redesign & Transformation)
Dr A. Rischie – Urgent Care Clinical Lead, Walsall CCG
Scott Humphries – Learning Disabilities Divisional Managers
Liz Staples - Learning Disabilities Divisional Managers
Tina Faulkner – Press Officer
Nikki Gough – Committee Business and Governance Manager

347/14 Apologies

Apologies were received on behalf of Councillor M. Flower.

348/14 Substitutions

There were no substitutions for the duration of the meeting.

349/14 Declarations of interest and party whip

There were no declarations of interest or party whip.

350/14 Local Government (Access to Information) Act, 1985 (as amended)

Resolved

That the public be excluded from the meeting during consideration of the items set out in the private agenda for the reasons set out therein and Section 100A of the Local Government Act, 1972.

351/14 Minutes

Resolved

That the minutes of the previous meeting held on 17th July 2014 be approved as a true and accurate record.

352/14 Quarter one monitoring report

The Senior Finance Manager introduced the report and explained that the report summarised the predicted revenue and capital outturn position for 2014/15, based on the financial performance for quarter 1. Members were advised that the 2014/15 forecast year-end financial position for services under the remit of £1.709m, after the transfer of windfall income and the implementation of the action plan, but before the planned use of approved reserves. After the use of reserves, the forecasted financial position for 2014/15 is an over spend of £0.293m.

Officers clarified that transport costs referred to increased costs of mileage this was attributed to the recruitment of extra staff. Members were also informed that reablement was a free service at the point of delivery and it had ongoing high levels of demand. However this was important because 75% of people using it had returned to live independently. Funding towards this service had been received from Walsall Healthcare Trust. It was also clarified that increased court costs had been incurred after a Supreme Court ruling, which extended the rights of people affected by the Mental Capacity Act, which was previously applicable to institutional settings only and meant social workers had an increased work load.

The Chair stated that the figures in the report referred to as 'variances' were not the actual cost of the service but the additional costs of the service. The Senior Finance Manager explained that a budget was set at a point in time, although an increase was anticipated, there was continual change.

The Executive Director of Social Care stated that a further briefing paper would be taken to the scrutiny panel in November. Historical challenges were discussed and the total savings target for social care was £11 million, which was being achieved through management action although pressures still existed. It was hoped that electronic monitoring systems would assist in allowing more accurate forecasting.

Resolved

That the report be noted.

353/14 Proposed future Configuration for forensic Step-Down Beds

The Divisional Manager for Learning Disabilities gave a brief history of the service and the location of Suttons Drive. The Suttons Drive building is isolated, and has significant issues complying with the standards required to deliver high quality care.

It was clarified that 'forensic' meant someone who had offended or had the potential to offend. It was added that there were 1200 – 1300 people with a learning disability in Walsall and most of these could be safely managed within the community.

Officers stated that a redesign of the current provision of the step down inpatient service was proposed. Members were advised that the service was good but the building in Walsall was poor. It was hoped that the service could be relocated to a more suitable building and allow a service to be delivered for females. Currently there was no service of this kind for females in the area. By relocating onto a hospital site, there would be more security for staff, and transition through services would be clinically better.

Members asked what a target length of stay would be, and Officers confirmed that this would be around 16 weeks, and this would only be deviated from in special circumstances. Officers explained that a multi-disciplinary approach was taken to referring into such units, however on some occasions the legal system referred people into the services for rehabilitation. Discussion was held around a different way of purchasing the beds including 'block' purchasing and 'spot' purchasing. It was hoped that this would generate a saving for the local authority.

The Chair stated that he was supportive of the proposals, but had concerns about clients who were 'stuck' in such services for a number of years. Officers stated that clinical treatments depended on clinical risk assessment and client groups had different needs. Response to treatment was vital to discharge.

Resolved

That the report be noted.

354/14 The Urgent and Emergency Care System in Walsall

The Urgent Care Clinical Lead informed Members that the vision and outline strategy for the urgent care system in Walsall would be presented to the Panel to keep them informed of the progress of the review. Members were informed that the strategy had been written and was owned by G.Ps, Social Care, Public Health, WHG, Mental Health Trust and Walsall Healthcare Trust. It was emphasised that this was not an operational document but a long term vision for the next 3-5 years. However although long term changes were needed there were also immediate changes needed, which included a reduction on the dependency of the hospital. It was hoped that GPs and Commissioners would support GP coverage 7 days a week.

The Chair requested that the Panel receive the outcomes of the review in the future. Officers were also asked if GPs were on board with the aims of the strategy. Members were informed that the CCG is made up of GP practices from across Walsall who were supportive of the strategy. Practices were being encouraged to work together. A Member expressed frustration at the quality and lack of Primary Care facilities in her ward. Members further emphasised the need to get GPs on board and the importance of good quality primary care.

Officers stated that positive work was going on to reduce the pressure on the hospital, including the employment of dedicated social workers, and mental health workers to assist those elderly patients who had attended A and E more than once.

Resolved

The report was noted, and the Chair requested an update once a proposal had been produced.

355/14 System Resilience Plan

Officers explained that it was proposed to bring the system resilience plan to the next meeting currently it had not been agreed by NHS England. This was a nationally mandated template set by NHS England. Following its submission funding should be received to support non-elective services and improve GP referral time. The plan should assist in maintaining patient flow and ensuring that people can be admitted to a ward in a satisfactory time. All initiatives were designed to help prevent a breach of the '12 hour' waiting time at A and E. Officers did emphasise that there had been a 20% increase in emergency admissions which had contributed to Walsall being in the worst 10 hospitals in the country for A and E admissions. However health colleagues in Walsall were doing everything they could to rectify this situation and Walsall was being carefully monitored to ensure they were making progress. Members raised the issue of delayed discharge due to a delay in dispensing medicines. Officers explained that they were investing in more pharmacy time to prevent this happening.

Resolved

It was agreed that a detailed plan would be taken back the Panel or circulated to Panel Members.

356/14 Member feedback from visit to Uplands Care Home, Shrewsbury

Members were reminded that at the July meeting of the Panel it was agreed that Members would have the opportunity to visit Uplands Care home in Shrewsbury to see how rehabilitation step down beds were provided in a care home setting. Members agreed that they found the visit useful and came away with key indicators for success of the scheme, one of which was a passionate Manager and team work. A unique element of the care home was that it funded GP time. Members expressed concern that Walsall was a different market and that the same results could not be achieved. Officers explained that rates had been reviewed and increased. A care home was been developed in Aldridge and this had potential to be a similar facility as it would be purpose built.

357/14 Work Programme and Forward Plan 2013/14

The work Programme and Forward Plan was noted.

358/14 Date of next meeting

It was noted that the next meeting would take place on 6 November, 2014 at 6.00 p.m.

Termination of meeting

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

Signed:

Date: