

HEALTH SCRUTINY AND PERFORMANCE PANEL

Thursday, 19 September, 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 E. Russell

Officers Present

John Bolton - Executive Director (Social Care and Inclusion)
Andy Rust - Head of Joint Commissioning
Chris Knowles - Finance Manager
Dan Mortiboys - Senior Finance Manager
Phil Griffin - Strategic Lead for Service Transformation and Design, Clinical Commissioning Group
Bharat Patel - Head of Medicines Management and Primary Care
Anne Baines - Director of Strategy
Nikki Gough - Committee Business and Governance Manager

256/13 Apologies

Apologies were received on behalf of Councillor V. Woodruff and Councillor M Flower.

257/13 Substitutions

There were no substitutions for the duration of the meeting.

258/13 Declarations of interest and party whip

There were no declarations of interest or party whip for the duration of the meeting.

259/13 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.

260/13 Minutes

Resolved

The minutes of the meeting held on 25 July, 2013 were approved as a true and accurate record.

261/13 Financial issues in Adult Social Care and Inclusion

Members were informed that at the end of June, the Social Care and Inclusion Directorate reported that its budget was projecting an overspend of circa £4.5 million. Although there were sufficient reserves to meet this overspend in the financial year (2013/14), this was not sustainable for future years. Members were informed that the overspend had now been reduced to £3.8 million. This had been achieved through management action, which would continue to be taken. However, officers stressed that there would still be a base budget problem of £3 million. Members asked for re-assurance that people who required residential care would still receive it. Officers confirmed this but highlighted that $\frac{1}{3}$ of admissions were avoidable and money would continue to be invested in domiciliary care.

Resolved

That the Health Scrutiny Panel would revisit the financial issues in adult Social Care and Inclusion.

262/13 Maintaining and improving Quality in the New Primary Care Health System

The Head of Medicines Management and Primary Care introduced the report and explained that the Clinical Commissioning Group had a duty to assist and support NHS England in securing continuous improvement in the quality of primary medical services. The Clinical Commissioning Group had established a Quality Improvement Sub-Committee which will ensure that the Clinical Commissioning Group takes necessary action about issues relating to quality. The Clinical Commissioning Group had worked with GP practices where indicators needed to be improved. Members were informed that it was likely that the data that was available to the Primary Care Trust may not be available to the Clinical Commissioning Group.

The Chair stated that it would be an aspiration of the Panel that selected performance indicators were reported to the Panel on primary care performance.

A Healthwatch representative stated that GP services were a priority for Healthwatch and whilst they were aware that there were good things happening, transparency was also needed. The Chair agreed to discuss this with officers and look at patient survey data.

Members were informed that where practices were below average the Clinical Commissioning Group may suggest ways for this to be improved.

Resolved

The report was noted.

263/13 Impact of change at Mid Staffs NHS on Walsall

The Director of Strategy from Walsall Healthcare Trust stated that there had been local and national implications following events at Mid-Staffordshire. One of the key changes was that there would no longer be an overnight accident and emergency. This activity would be dispersed amongst neighbours and a third party would provide services at Cannock Hospital. This means that capacity at Walsall Healthcare Trust needed to be increased. It was clarified that this capacity would be funded nationally; however, the extra capacity needed at Walsall Healthcare Trust would need to be agreed. It was clarified that Mid-Staffordshire Trust's administrators would make recommendations through Monitor to the Secretary of State about how services are reconfigured. However, services will continue to be commissioned through Clinical Commissioning Groups.

Officers stated that they were looking to provide services on the Cannock site for Cannock residents and that there were no plans to move services. In response to a query from Members, officers confirmed that this may lead to a duplication of services.

Officers explained that when Mid-Staffordshire closed initially, there were issues relating to discharge but with the help of Social Care they had developed good relationships with Mid-Staffordshire Hospital which allowed a speedier discharge.

The Executive Director for Social Care expressed concern at patient flows within the hospital and the constant pressure to ensure that discharges were managed efficiently. Walsall Healthcare Trust officers stated that the Trust was on a journey of improvement and whilst more needed to be done, solutions had been improved. Work needed to be done with the Clinical Commissioning Group to avoid admissions.

The Director of Strategy asked the Panel to support the hospital on key points contained within the presentation (annexed). The Chair expressed concern that the Panel was still exploring areas within the Trust such as Community Health Services.

Resolved

The Health Scrutiny Panel wishes to further explore the opportunities arising from the Mid-Staffordshire Hospital dissolution and the additional pressure that this will place on Walsall Healthcare Trust and calls for this to be supported with the appropriate capital funding. This Panel supports the proposition that there needs to be a fair and open process to decide the future provider of services from Cannock Hospital. The Panel expects Walsall Healthcare Trust to be ready to respond to the challenges it faces following the dissolution of Mid-Staffordshire Hospital and will also continue to look closely at the services provided by Walsall Healthcare Trust to maintain an ongoing review of the impact on Walsall of the dissolution of Mid-Staffordshire Hospital.

264/13 Surge Plan

The Strategy Lead for the Clinical Commissioning Group described the plans in place to manage the surges in demand this winter for urgent access to healthcare. The plan covered the whole of the urgent care pathway and contained a range of schemes. It was expected that the winter would be as challenging as the last one but it was hoped that the plan would reduce the length of stay and help prevent re-admissions.

Members asked officers how confident they were that residents would be able to access primary care in the winter months to prevent unnecessary admissions to accident and emergency. Officers explained that additional urgent access would be commissioned outside of care hours.

Officers were asked about the effectiveness of 'Badger Care', the out of hours primary care service. Officers stated that there had been operational issues and discrepancies about responsibilities.

The Executive Director for Social Care stated that he supported intermediate care beds but only with the purpose of the recovery of a patient.

The Chair stated that he considered the 'Surge Plan: Winter 2013/14' to be an improved document but based on the information he had received there were 2/3 issues that he considered would help improve accident and emergency performance:-

- (1) Badger contract was not effective;
- (2) The frail elderly pathway needed to be more effective;
- (3) The pattern of GPs referred to the hospital.

The Strategy Lead informed Members that a review of the Walk in Centre and Badger Care was going to begin with the current process being about agreeing the terms of reference. Members were informed that the Clinical Commissioning Group had a handle on the 3 issues identified.

Resolved

The report was noted.

265/13 Performance of A and E at Walsall Healthcare Trust

Members were informed that accident and emergency attendances were stable but also high with an increase in complexity of cases. The friends and family test showed a 67.1% satisfaction with accident and emergency. To cope with demand flex wards had been opened at times of pressure however they had remained open for the entire year. Officers stated that clearly there was work to be done to make the environment of accident and emergency more acceptable and this would be done through an interim scheme. The Panel discussed mental health services at accident and emergency. Members were informed that included in the surge plan was a mental health nurse within accident and emergency and the intermediate care team.

Members asked for further information on patterns of re-attendance and an analysis of attendances related to domestic violence.

Resolved

That:

- The Panel receive further information on attendances related to domestic violence at accident and emergency;
- The Panel receive further information on patterns of re-attendance at accident and emergency;
- That the Panel receives further information on the accident and emergency review.

266/13 Work Programme and Forward Plan

Members were informed that the Social Care and Inclusion Scrutiny Panel had established a working group which will consider issues relating to the new operating model for intermediate care at home. The Social Care and Inclusion Scrutiny Panel invited a representative from the Health Scrutiny Panel to join the working group.

Resolved

It was agreed that an e-mail would be sent to all Members of the Health Scrutiny Panel inviting them to attend the Social Care and Inclusion Working Group. If no expressions of interest were made then Councillor Longhi and Councillor James agreed to alternative attendance where possible.

267/13 Date of next meeting

It was noted that the time and date of the next meeting was 6.00 p.m. on 14 November, 2013.

Termination of meeting

There being no further business, the meeting terminated at 8.55 p.m.

Signed:

Date: