

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Thursday 20th July 2017 at 6.00 p.m.

Conference Room 2, Council House, Walsall

Committee Members Present

Councillor M. Longhi (Chair)
Councillor H. Sarohi
Councillor B. Allen
Councillor D. Barker
Councillor D. James
Councillor A. Hicken
Councillor J. Rochelle

Portfolio Holders Present

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

Officers Present

Walsall Healthcare Trust

Richard Kirby	Chief Executive
Dr Amir Khan	Medical Director
Rachel Overfield	Director of Nursing

Walsall CCG

Paul Maubach	Accountable Officer
Professor Simon Brake	Chief Officer
Dr Rischie	Chair
	Consultant (Stroke Services) – New Cross Hospital

Walsall Council

Martin Thom	Head of Community Care (ASC)
Nikki Gough	Democratic Services Officer
Sophia French	Media and Communications Officer

01/17 Apologies

Apologies for non-attendance were received on behalf of Councillor K. Phillips, Councillor T. Jukes, Councillor E. Hazell and Councillor S. Ditta.

02/17 Substitutions

There were no substitutions for the duration of the meeting.

03/17 Declarations of interest and party whip

Councillor B. Allen declared an interest as an employee of Walsall Healthcare Trust.

04/17 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

05/17 Minutes of previous meeting

Resolved that

The minutes of the meeting held on 13th April 2017 were approved as a true and accurate record.

06/17 CQC Re-inspection of Walsall Healthcare Trust

The Committee were advised that in June 2017 the CQC undertook a short-notice inspection of the Trust. This was preceded by an unannounced inspection of community services and followed by further unannounced inspections. The CQC provided initial feedback at the end of the visit but the Committee were advised by the Chief Executive of Walsall Healthcare Trust that the Trust did not have a formal report or a rating from the CQC. The CQC feedback was that they found staff to be welcoming, open and honest. Good overall progress had been made with improved attitudes and behaviours; good care was being provided and there had been marked improvement in governance. They also identified changes that needed further embedding and some specific issues to address. The CQC advised that they had seen less progress in maternity than in other services. The Chief Executive of Trust stated that the Trust responded quickly to the areas identified by the CQC in it's feedback. To address concerns related to the maternity service additional staff had been recruited and would start in September. The Trust had taken the decision to temporarily close the Midwife Led Centre (MLU) and transfer staff to the hospital ward. The Midwife Led Centre currently delivered 4-5 babies a week. Those Mothers expecting a birth at the MLU had been contacted by the Trust. The Royal College of Midwives would also be working on the maternity ward to assure confidence that the department had made the necessary improvements.

The Committee made the following challenges to the Trust; -

- Why have the Trust found itself in this position (in relation to maternity) 18 months after the first inspection?
- To what extent have the Trust assisted expectant Mothers not able to use the Midwife Led Unit?
- The Trust was asked to describe the Midwife Led Unit for those not familiar with it.

The Trusts Director of Nursing responded to explain that significant progress in funding and staffing had been made in the previous 18 months. Previously there was not a stable leadership Team in the maternity service – this had now been resolved. The current situation had been caused by a combination of vacancies, significant staff illness, and extended maternity leave. The Committee was assured by the Trust that 13 midwives would be starting between August and September 2017 and this would alleviate some pressure.

The Committee was advised by the Director of Nursing that the MLU was a standalone unit which facilitated a normal home delivery in a clean environment. However a challenge faced by the Trust was to increase the use of the facility which was staffed by 2 midwives. The Trust was trying to replicate the experience within the main Hospital ward. It was anticipated that the presence of midwives from the MLU onto the maternity ward would also have a positive impact upon custom and practice.

The Committee were assured by the Trust that if women wanted to have a home birth this would still be possible as this was staffed through the community service. These were separate to the issues faced on the maternity ward at the Trust, however in response to challenge from elected Members the Trust Chief Executive stated that the Trust were aware of the issues and were taking action prior to the CQC visit. The Trust also had estates plans to expand the neonatal unit.

The Committee were informed that the current caseload per midwife was within an acceptable guidance level.

Resolved that

The Social Care and Health Overview and Scrutiny Committee receive plans for maternity services at Walsall Healthcare Trust a future meeting.

07/17 Walsall CCG Big Conversation

This report provided the findings from the public engagement exercise ‘The Big Conversation’, which was launched by NHS Walsall Clinical Commissioning Group (CCG) on the 24 January 2017 and ran until 24 March 2017. The main areas of focus for public engagement were the Urgent Care Centre, GP Primary Care Services, Stroke Services and Walsall Together. The CCG launched a seven week public engagement exercise to engage with people in Walsall on their views and experiences of health care services and also to share ideas for future healthcare delivery. This would ensure sustainable, high-quality services that are affordable and fit for the future. The CCG would also consult with patients on the options that were proposed for the ‘Alternative provider of Medical Services’ (APMS) contract for nine GP practices in Walsall presented to the CCG Primary Care Commissioning Committee on the 18th June 2017.

Walsall Stroke Services: Business Case

The Committee was informed that stroke services had been the subject of national and regional reviews for several years. It was considered by Walsall CCG that the reconfiguration of stroke services would be necessary to ensure that Walsall

residents were provided with the best service. This would involve moving hyper-acute stroke services to New Cross Hospital and TO provide rehabilitation services in Walsall.

The Chair stated that the committee had previously agreed that this could be of benefit to Walsall residents. However, there was a concern that time was critical when dealing with a stroke. Major M6 works were planned and this might cause delays. The Chief Officer of Walsall CCG stated that the target time for treatment was 4 hours and the journey time should not have an impact on this target. It was also stressed that plans were in place with West Midlands Ambulance Service to alleviate delays.

The Director of Nursing responded to confirm that speed of intervention in strokes was important and once at hospital that intervention needed to be available with expertise. A Stroke Specialist from New Cross Hospital had discussed developments in stroke services and the need to join forces to ensure that there was a locally staffed specialist service. It was stressed that although stroke services in Walsall were presently good in the future it was not a sustainable service.

Members requested a follow up discussion to ensure that community care in Walsall was adequate. The Medical Director stated that community services were strong and had capacity to rehabilitate patients.

Members also expressed concern that the loss of this service from Walsall Healthcare Trust could lead to further loss of services. The Chief Executive of Walsall Healthcare Trust stated that the Trust had the right set of specialised services. The vision for the hospital was for a fully functioning local acute hospital service, it was noted that the Trust was in the process of building a new ITU and neonatal facility. The Chief Executive asserted that the Trust would excel in local community services to assist people to stay well. The Chief Officer of Walsall CCG stated that these service changes would make the hospital more sustainable.

The Chair of Healthwatch asked for reassurance that quality staff would be retained and the Chair stated that the proposal for stroke services would mean that two organisations would be delivering services to the same patient. The Chief Executive of Walsall Healthcare Trust stated that work would be underway to progress this and the importance of this was acknowledged.

Urgent Care Centre

Members were informed that national best practice was for an integrated approach to co-locate services. The original plan for the urgent care centre in Walsall was to move and consolidate the walk in centre with the Hospital urgent care centre within 5 years. However, the proposal was to bring forward plans and consolidate the town centre service with the hospital based service.

The Chair expressed concern at the potential closure of the town centre based service and stated that access to primary care in Walsall was not sufficient to allow the closure of the walk in centre in Walsall. It was stressed by Members that people used the urgent care centre because they were unable to get an appointment with their GP. Concerns were raised by the Committee that residents were unable to secure GP appointments and that the walk in centre currently bridged this gap. The CCG responded to this by informing the Committee that from 1st April 2018 Walsall would attract additional funding to specifically extend GP access.

The Chair of Healthwatch stated that if the walk in centre was moved to the Hospital there was a risk of chaos due to the poor current environment. As the Committee had heard that this would be improved in autumn 2018 through building works. The Committee questioned the timing of the proposals and suggested that the timing of the proposals should be reconsidered.

Councillor Longhi informed Members that he had sought advice from the Council's Legal Team in relation to the consultation on Stoke Services and the Urgent Care Centre. The advice received was that this would constitute a substantial change to services in Walsall. The Chairman requested that the Committee agreed to the approach, as set out in sections 242-244 of the National Health Service Act 2006, to consider that the proposals were a substantial change. Committee Members agreed to this approach.

Resolved; -

That:

- 1. The Committee note the outcome of the Big Conversation engagement exercise**
- 2. The Committee consider the proposals to be substantial changes to services in Walsall and request to be consulted as such.**
- 3. The Committee support the approach to public, patient and stakeholder engagement and consultation.**

08/17 Corporate Financial Performance – Draft pre-audit outturn position for 2016/17

The draft pre-audit outturn position for 2016/17 financial position for services under the remit of the Social Care and Health Overview and Scrutiny Committee, was a revenue underspend of (£2.409m). Adult Social Care reported that a number of demand pressures arose in 2016/17, and action was taken to reduce these. However, the pressures were significant enough to require a review of existing budgets in year. To acknowledge that these pressures could not be fully contained within the service, Cabinet had approved the transfer of £5.981m from other services and general reserves to Adult Social Care in year to meet the net additional forecast cost pressures. This aimed at ensuring that the year-end actual would outturn in line with the revised budget.

The Committee were asked for their feedback on the format of the report and if additional information was required. It was agreed that this request would be circulated to all Members by e-mail.

Resolved

The report was noted.

09/17 Adult Social Care – Organisational Change

The Chair informed the Committee that a member of the public was present and would be asking a number of questions. The member of public addressed the Committee and asked the following questions; -

- How did the principle of independent living fit with the councils vision for adult social care?
- How has the introduction of the Resource Allocation Panel (RAP) resulted in a decrease in the cost of care?
- In what measurable ways did the new model of RAP promote individual well-being, self-determination, independence, resilience and integrated community support models?
- Clarify the definition of 'Demand Management Transformation Programme'.
- How have policies reviewed and changed in order to support areas of change, in particular regarding legal limits of care, holidays/respite?

A member of the public provided context to the questions, that being the principles of the Care Act 2014.

The Head of Community Care (ASC) stated that the report responded to the staff survey and, therefore, he could not answer as fully as desirable. However, Mrs Stringer was provided with the assurance that if she was not satisfied with the response, she would be provided with a more detailed written response.

The Head of Community Care stated that the vision was closely linked to the Care Act and embraced the principles of independent living, through appropriate access to health and social care provision and ease of access. The service was committed to delivering the Care Act. The RAP operated on a limited budget and needed to ensure that resources were aimed at those in the greatest need. The Panel process looked at delivering services in the best way. Care in Walsall was market driven and the RAP allowed insight with challenges to ensure the best use of resources.

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

A member of the public challenged the criteria and stated that it should be more transparent as the terminology used was different for assessments and review. He stated that people needed a full assessment. The Head of Community Care thanked the attendees for their points. The Chair also directed the individuals to the Healthwatch organisation.

The Portfolio Holder for Adult Social Care stated that the report described the changes in the leadership team and was intended to be open and honest. The setting of a 4 year budget had provided some stability to services and it was felt that the service was going in the right direction.

The Committee were informed that staff forums had been established to meet frontline staff and discuss issues. Feedback from these helped to shape service planning and had increased participation in staff training. Additionally there were separate manager's forums. The Chair suggested that elected Members could

attend staff forums. A member expressed concern that there could be duplication of commissioning services and asked what the role of the Joint Commissioning Unit in relation to the RAP and the Chair agreed this needed further consideration.

Members welcomed the report and enquired whether if discharge at Hospital had improved. The Chief Executive confirmed that in the previous 6-9 months there had been a big improvement in the reduction of delayed discharges due to Adult Social Care.

Resolved that

The organisational change in adult social care, to include the joint commissioning unit, would be considered as an item at a future meeting. This should include progress made to address areas of concern by staff.

10/17 Areas of Focus.

The purpose of this report was to provide relevant background information for Members so that the Committees work programme could be agreed for 2017/18.

Items suggested as Healthwatch priorities for consideration by the Committee were;

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- User experience of Adult Social Care
- Move to locality place based model
- Mental health
- Young people's experiences of Health and Social Care

The Chair of Healthwatch suggested that the Committee allocate time at the end of the meeting to frame questions to ensure that reports were shaped to suit elected Members.

Resolved that

The following items were added to the work programme of the Committee.

- **Mortality rates at Walsall Healthcare Trust,**
- **Walsall Healthcare Trust recovery plan,**
- **Outpatient appointments at Walsall Healthcare Trust,**
- **CCG recovery plan,**
- **Primary Care Services in Walsall**
- **Mental Health Services in Walsall.**

11/17 Date of next meeting

The date of the next meeting was agreed as 14th September 2017.

There being no further business the meeting terminated at 9.30 p.m.