

Minutes of the Health Scrutiny Committee

Thursday 24th March, 2016 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

Present:-

Councillor C Hale (Chair)
Councillor A Goddard (Vice-Chair)
Councillors M Attwood, N Barlow, K Casey, K Finch, Z Islam, N Richards, D Russell and E Taylor.

Officers

M Farooq (Head of Law and Governance) (Lead Officer to the Committee), M Bowsher (Chief Officer – Adult Social Care), A Sangian (Senior Policy Analyst – People Directorate) and K Buckle (Democratic Services Officer – Resources and Transformation Directorate).

Also in Attendance

P Maubach – Chief Executive – Dudley Clinical Commissioning Group.
N Bucktin – Dudley Clinical Commissioning Group.
A Hindle – Dudley Clinical Commissioning Group
N Henry – Black Country West Midlands Ambulance Trust.
S Green – Black Country West Midlands Ambulance Trust.
S Newton – Black Country Partnership NHS Foundation Trust.
J Williams – Black Country Partnership NHS Foundation Trust.

48. **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors S Henley, S Phipps and P Bradbury of Healthwatch Dudley.

49. **Appointment of Substitute Member**

It was reported that Councillor N Barlow had been appointed to serve in place of Councillor S Phipps for this meeting of the Committee only.

50. **Declarations of Interest**

No Member declared an interest in any matter to be considered at this meeting.

51. **Minutes**

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 15th February, 2016 be approved as a correct record and signed.

HSC/38

52. **Public Forum**

No issues were raised under this agenda item.

53. **Delayed Transfers of Care**

A presentation of M Bowsher, Chief Officer Adult Social Care was submitted on Delayed Transfers of Care. The presentation had been circulated to Members and was available on the Council's Committee Management Information System.

M Bowsher made particular reference to the crucial requirement that those being discharged from an acute setting were medically fit and safe to discharge.

It was noted that Dudley citizens accounted for 70% of the clients being discharged from Russells Hall Hospital and 50% of all older people receiving Adult Social Care were doing so as a result of hospital discharge.

The reasons for the delay in discharges as contained in the presentation submitted were referred to and it was noted that the detailed analysis contained in the graphs which were illustrated in the presentation submitted, were outlined including the increase in assessment capacity resulting from hospital activity, increasing as national figures and pressures, grow together with increasing pressures during winter months and reducing pressures whilst members of the public are holidaying. The number of delayed days were outlined and the need to balance performance and demand with financial resources.

The overall performance of the system in order to deal with delays was referred to and it was reported that delays had reduced, specifically the number of delays attributable to adult social care and that Dudley had the highest performance improvement across all Local Authorities in the West Midlands in 2015-16.

The Integrated Model for Discharge to Assess which had been introduced in January, 2015 was referred to, with assessments also being undertaken at home, which had taken place in order to minimise the number of people who remained in hospital beds, which had resulted in some improvement. Further work was required to improve the turnaround of reablement and intermediate care beds and for the system to support people with complex dementia.

The changes in the number of admissions which would bring challenges on how to re-design discharge systems together with the requirement on delivery within the context of rising demand year upon year was outlined and it was noted that in 2015/16 on average the Council had discharged 43 people per week at a cost of £5 million and the current level of activity was unsustainable utilising council resources alone, resulting in the requirement to continue to improve performance and secure investment through the Better Care Fund.

Details of the Memorandum of Understanding which was an agreement entered into by the Dudley Group of Hospitals, the Clinical Commissioning Group and the Council of performance targets that enable discharge flow were outlined. The Better Care Fund would invest a minimum of £1.62m additional monies in order to support further improvement.

Arising from the presentation submitted, Members asked questions and made comments and M Bowsher and P Maubach responded as follows:-

- Data in relation to morbidity and mortality rates for 2015/16 in so far as they impacted upon hospital admissions would be provided to Members.
- The age profile had increased to 80-85 year olds that had increased care needs and demands in relation to both dementia and physical stability.
- That morbidity and mobility rates were increasing which impacted upon the packages of care following discharges.
- P Maubach agreed to provide Members with data in relation to the number of deaths attributable to hypothermia for 2014/15 and 2015/16.
- That any long term factors impacting upon discharges were considered as it had been noted that key factors in 2014/15 were that influenza vaccinations had not been as effective, however due to a much milder winter this year such problems had not been experienced. It was noted that multi disciplinary teams investigated those at high risk of being admitted to hospital and there continued to be the requirement to investigate re-admissions, including those who had been discharged and re-admitted and the journey into hospital including the reason for re-admittance.
- M Bowsher agreed to submit data in relation to repeat admissions and root cause analysis in regarding delayed transfer of care would be submitted to a future meeting of the Committee in late 2016.
- In relation to social care assessors, they all participated in the Trusted Assessors Programme and worked together in all pathways of care.
- That the overall position of the Dudley Borough was 77th nationally out of 152 in relation to delayed transfers of care and the West Midlands was alongside Stroke on Trent, being the most rapidly progressing authorities and usually delays in other areas were small, however patients from South Staffordshire, Walsall and Sandwell were also treated at Russells Hall Hospital and details would be provided to Members in relation to performance data of Sandwell, Walsall and Wolverhampton.
- That there would no longer be a performance element to the Better Care Fund, however given the levels of demand, the Clinical Commissioning Group had underwritten the performance element of the Better Care Fund in full upon the basis that work would continue around change and discharge levels.

- It was noted that the Memorandum of Understanding would deliver performance targets that seek to further improve discharge flow. However it was stated that any increased demands next year may create further resource pressures.
- That plans and systems would continue to be implemented in order to deal with demand spikes, including winter pressures, in line with the need to ensure that these were delivered with the available resource.

P Maubach commended M Bowsher and his Officers on their work and referred to the three pathways contained in the core principles of Discharge to Assessment, advising that the performance in terms of emergency admissions in partner Authorities were far more inferior than in the Dudley Borough, making reference to continuing challenges to ascertain methods of improvement.

The Chair commended the Council upon the work conducted to deal with delayed transfers of care to date and M Bowsher stated that the credit in relation to the success of the system, was attributable to partnership working with the Clinical Commissioning Group and the Dudley Group of Hospitals.

Resolved

- (1) That the information contained in the presentation submitted on Delayed Transfers of Care and as reported on at the meeting, be noted.
- (2) That P Maubach and M Bowsher be requested to provide Members with the following data and information:-
 - (a) The mortality and morbidity rates for 2015/16 in so far as they impacted upon hospital admissions.
 - (b) The number of deaths attributable to hypothermia for 2014/15 and 2015/16.
 - (c) Performance information of Sandwell, Walsall and Wolverhampton in relation to delayed transfers of care.
- (3) That a report on repeat admissions and root cause analysis for Delayed Transfers of Care be submitted to a future meeting of the Committee.

54. Clinical Commissioning Group: Draft Operational Plan 2016/17

A report of the Head of Commissioning of Dudley Clinical Commissioning Group was submitted on the draft Operational Plan 2016/17.

The description of the main issues addressed in the Operational Plan was appended to the report submitted.

N Bucktin presented the report and Appendix to the report submitted, referring to the 9 “must dos” set out in the planning guidance and addressed in the Operational Plan and the New Care Model together with the implications of the comprehensive spending review.

It was noted that the Operational Plan described the Joint Strategic Needs Assessment key messages and actions and N Bucktin advised that delegated responsibility for Commissioning Primary Care had been an area of focus and a long term conditions framework was being developed in order to close some of the health and wellbeing gaps.

Arising from the presentation of the report submitted, Members asked questions and representatives of the Dudley Clinical Commissioning Group responded as follows:-

- The development of the long term conditions framework would identify those people who appeared on disease registers whose needs were not being met.
- That focus work had been undertaken on hypertension which had impacted on managing the condition within the Dudley Borough having the best diagnosis rates in the Country.
- That multi disciplinary teams were provided with detailed analysis in order that they were better equipped to deal with the needs of those at risk.
- There was the need for a multi agency response in order to deal with obesity across the Dudley Borough, which would be a challenge for society and work was also being conducted with public health.
- That the draft Operational Plan would be updated and the final Plan would be circulated to Members, activity levels had been finalised as part of the contracting process.
- The provision of better quality of care given the advances in medicine resulting in greater capability to improve health including conditions such as obesity, which resulted in greater life expectancy were referred to.
- The satisfaction rates in relation to health care professionals were generally of a higher rate than for other professionals.
- That there was the need to ensure that people had a dignified death in their place of choice in order to deal with the end stages of their life.
- That Health Care Professionals were encouraged to approach patients who would benefit from smoking cessation and advice upon dealing with obesity, however it would be an individual’s lifestyle choice and although people could be offered lifestyle choices they could not be forced to follow the advice offered.

- That integrated approaches were being undertaken including intensive work with young people at early stages in order to address lifestyle choices.
- That work would be conducted upon staff recruitment and retention as part of the development of the new model of care.
- That further work was being undertaken in relation to the expansion of the scope of the urgent care centre, in order to investigate opportunities to triage the ambulance attendances and patient services.
- That investments in partnership with Macmillan in order that people had a single point of access for palliative care were being undertaken together with the production of advanced care plans, providing patients with ownership of their care in order that their wishes and treatment could be co-ordinated into one electronic care plan with partner services being aware of the plan in place.
- That a bespoke palliative care course for all nursing home staff was being commissioned in order to work towards a seven day service for palliative care.
- That there was an advanced care plan that was being utilised cross the health economy and as 80% of people in nursing care were in their last years of life, co-ordinated services were in place to ensure that targets were met in order that those people whose preferred choice of care was at home was adhered to. It was noted that during the previous year there had been a slight decrease in numbers of those on palliative care registers dying in hospital.
- That a piece of detailed work had been completed across elective care pathways and on the basis of that analysis a view had been taken on where savings could be achieved.

A Member suggested that details of late night pharmacies should be updated should the current information on locations be out of date.

The same Member suggested that the information in relation to palliative care should be made available on a timely basis in view of the rapid rate of the response required in such cases.

The same Member raised issues in relation to obtaining Death Certificates upon an urgent basis for certain religions and requested that the Dudley Clinical Commissioning Group investigate the reasons for possible delays.

Resolved

- (1) That the information contained in the report and Appendix to the report submitted, on the Clinical Commissioning Group Draft Operational Plan 2016/17, be noted.
- (2) That A Hindle provide Members with the Newsletter detailing all work streams in relation to palliative care.
- (3) That N Bucktin be requested to provide Members with the Dudley Clinical Commissioning Groups' final Operational Plan 2016/17.

55. **Change in Order of Business.**

Pursuant to Council Procedure Rule 13(c) it was:-

Resolved

That Agenda Item No. 9 – Clinical Commissioning Group: Dudley New Model of Care (Vanguard) Programme Update be considered as the next item of business followed by the remaining Agenda Items.

56. **Clinical Commissioning Group: Dudley New Model of Care (Vanguard) Programme Update.**

A report of the Dudley Clinical Commissioning Group was submitted on the Dudley New Model of Care (Vanguard) programme.

In presenting the report submitted, P Maubach outlined the reasons for the need of a new model of care.

The work in relation to hypertension was referred to and how systems of care were funded and the organisation of care in order that services worked more effectively together and the need for a co-ordinated response to the level of care required.

P Maubach referred to the restructure of all front line staff resulting in all staff working around the practice population and following the restructure there had been a subsequent feedback exercise, whereby staff had expressed more satisfaction in their work and that they were more empowered. It was noted that the latest addition to the staff had been a palliative care specialist and subsequent feedback from the public was that they were receiving an enhanced quality of service, that had resulted in their quality of life improving and the belief that by taking the new model of care to its fullest extent there could be a move towards 70% of healthcare being provided on a community basis.

Grouping services together, formalising those arrangements and the design of a new form of Contract for the implementation of the new service was referred to.

The report submitted contained details of the extensive public consultation which had taken place to date including the methods of consultation. It was noted that following engagement with the public, their suggestions and requirements would be built into the new model of care.

P Maubach advised that once the Board had reviewed the new model of care, a procurement process would be entered into, inviting providers to indicate how they would deliver the new care model. Once proposals were received, should it be suggested that particular changes in services were required, further consultation with the public would take place in relation to those proposed options.

It was noted that following the contractual process it was intended that the contract would be in place by April, 2017 and consultation would continue should any further changes to services be proposed.

Following the presentation of the report submitted Members asked questions and P Maubach responded as follows:-

- That variations throughout the Borough could be examined in order to ensure that there were more targeted approaches to the delivery of care in relation to services within varying areas.
- As part of the new model of care, the approach was to ensure that professionals were made accountable to General Practitioners for the care of their patients, with General Practitioners having overall responsibility for care unless their patients had been admitted to hospital.
- That currently the provision of care was operated over 80 different locations and there was the need to reduce that number of locations. which would be consulted upon, however the main agenda would be to move the responsibility from hospitals and provide care in the community in order to provide accessibility to consultants more locally.

P Maubach requested Members to advise him should they wish further groups or organisations to be consulted upon in respect of the new model of care.

M Bowsher referred to Age Concern engaging with older people in particular regarding isolation issues, advising that intelligence was received from the Dudley Health and Wellbeing Board that shaped the new model of care.

Members expressed approval and thanks for the work conducted to date in formulating the new model of care.

Resolved

- (1) That the information contained in the report and Appendices to the report submitted on Dudley New Model of Care (Vanguard) Programme Update and progress to date, be noted.
- (2) That the new model of care would be commissioned jointly by the Clinical Commissioning Group and Dudley Metropolitan Borough Council and the extensive involvement work to date, be noted.

(3) That the plan for engagement in June, 2016 which would inform the characteristics of the New Model of Care programme, be endorsed.

(4) That any further significant service change in relation to the new model of care would be consulted upon, be noted.

57. **Black Country Partnership Trust: Health Visits 0-5 Years**

A report of the Black Country Partnership NHS Foundation Trust was submitted on Health Visits 0-5 years.

Arising from the presentation submitted Members asked questions and made comments and the representatives from the Black Country Partnership NHS Foundation Trust responded as follows:-

A Member congratulated the Partnership Trust on their service delivery against demands including targeting the correct resources within the most relevant areas, which had resulted in increased attendance in motivator and training sessions.

It was noted that the Trust recognised the need and potential benefits for an integrated working model for service delivery and that included work with Children's Centres and the voluntary sector and it was envisaged that the new working arrangements would assist with safeguarding children within the Dudley Borough.

The work to in relation to the following was referred to:-

- Encouraging breast feeding.
- A programme of research including providing a multi disciplinary approach to obesity was being conducted with Public Health.
- The Multi Agency Safeguarding Hub.

Resolved

That the information contained in the report submitted on Health Visits 0-5 years and as reported on at the meeting, be noted.

58. **West Midlands Ambulance Service: Quality Priorities.**

A Quality account summary 2016/17 was submitted on behalf of the West Midlands Ambulance Service NHS Foundation Trust.

In presenting the report submitted S Green, representative of the West Midlands Ambulance Service NHS Foundation Trust made particular reference to the Quality Account covering the entire West Midlands region, which was constantly updated and a request was made for Member feedback by the end of April, 2016.

S Green also referred to the review of performance against 2015-16 priorities and in particular the work with Public Health England to reduce Health inequalities and the funding obtained to conduct “make every contact count training”. The partial achievement of the timely and effective care delivered at the scene commissioning was referred to with the further work required and the Safe on Scene Project continuing into 2016/17.

S Green reported on the continuation to improve clinical outcomes and it was noted that the final end of year data remained outstanding with the external verification of one improvement area awaited.

Details in relation to further training was outlined including:-

- Patient awareness, in particular in relation to those in wheelchairs.
- Group clinical awareness, including a personal development review which would involve reflective practice and a request for those present to advise of any further training requirements.

An incident was referred to in relation to clinical effectiveness and a two hour delay whilst paramedics were at the scene and it was noted that that delay was being addressed under clinical outcomes producing timely and effective care delivered at the scene.

In responding a question from a Member, N. Henry referred to work conducted with the Falls Service who would be requested to carry out risk assessments should there be calls to the scene of a repeated fall.

It was noted that work was also conducted with the Dudley Clinical Commissioning Group to examine the reasons behind repeated calls for the service and work was being conducted with Multi Disciplinary Teams.

The work in relation to the introduction of an Electronic Patient Record was referred to that would provide access to General Practitioner and Hospital records and would forward automatic emails to General Practitioner's regarding their patients who had utilised the West Midlands Ambulance Service.

Resolved

That the information contained in the Quality account summary 2016/17 on behalf of the West Midlands Ambulance Service NHS Foundation Trust, be noted.

The meeting ended at 9.00 p.m.