

Minutes of the Overview and Scrutiny Management Board

Thursday, 16th October, 2014 at 6.00 p.m.
at the Council House, Priory Road, Dudley

Present:

Councillor Tyler (Chair);
Councillor A Finch (Vice-Chair);
Councillors D Blood, P Bradley, I Cooper, C Hale, M Hanif, R James, L Jones, P Miller and M Mottram.

Officers:

R Sims, Assistant Director (Housing Strategy and Private Sector - Lead Officer to the Board)

M Bowsher , Assistant Director (Quality and Commissioning) and K Buckle (Democratic Services Officer - Directorate of Corporate Resources).

Also in Attendance

R Harris, Cabinet Member for Human Resources, Legal, Property and Health.

17 **Apology for Absence**

An apology for absence from the meeting was submitted on behalf of Councillor N Barlow.

18 **Appointment of Substitute Member**

It was reported that Councillor P Miller had been appointed as a substitute for Councillor N Barlow for this meeting of the Board.

19 **Declaration of Interests**

Councillor A Finch declared a Non-Pecuniary Interest in Agenda Item No. 5 – Better Care Fund, as his son was employed by the Directorate of Adult, Community and Housing Services.

20 **Minutes**

Resolved

That the minutes of the meeting held on 8th September, 2014, be approved as a correct record and signed.

21

Better Care Fund

The Assistant Director of Quality and Commissioning gave a powerpoint presentation on the Better Care Fund.

Forming part of the presentation Members listened to an audio presentation of the King's Fund in relation to the purpose of the Better Care Fund. This included a case study of an elderly gentleman suffering from several medical conditions resulting in several periods in hospital and the time taken to be assessed before he was allowed home. This scenario was compared with the joined up care services approach, with shared vision providing good integrated care, which in turn prevented lengthy periods of time in hospital and resulted in the patient remaining in his own home rather than entering residential care. This not only resulted in a higher standard of care but reduced the need for extra resources and expenditure, with the desired result that the patient remained in his own home.

The Assistant Director of Quality and Commissioning referred to the rationale of the Better Care Fund, which was to deliver savings by endeavouring to reduce complex demand, to an ageing community which would involve co-ordination of health care services to support people at home.

It was noted that the Council's aim was to reduce 2,500 unplanned hospital admissions by the end of next year and this was to be achieved by growing new types of health care provision, which would involve a patients choice and control and the ability to cope with complex needs in the community.

The emphasis on reducing unplanned admissions related to the cost of nursing home beds to each patient ranging from £21,000 to £27,000 per annum.

The Assistant Director of Quality and Commissioning referred to the Better Care Fund Dudley Overview outlining some of the new initiatives including community rapid response to the high risk population with the aim of providing crisis emergency responses, resulting in the reduction in avoidable admissions and the virtual ward which would provide an intermediate service.

The continued provision of Dementia Gateways, extra care housing and reablement services was referred to with the Council continuing to offer current services such as Telecare and the Living Safe and Feeling Safe Welfare Service.

The Governance of Health Care Workers was outlined together with the significant key changes to the Better Care Fund and it was noted that some monies in the fund were contingent upon delivery of performance targets, with a proportion of the benefits arising being spent on out-of-hospital services according to the level of reduction in emergency admissions achieved.

The Assistant Director of Quality and Commissioning referred to the need to avoid unnecessary acute activity, by promoting independence and reducing the delay in dependence by continuing to work with those with long term needs, with end of life care being identified as a particular area of focus.

The requirement to reduce emergency admissions and the number of delayed bed days in hospital together with improving the rate of dementia diagnosis at an early stage was referred to.

The Assistant Director of Quality and Commissioning reported on the proposed allocation of the Better Care Fund and that the additional resources to support the Council in the sum of £3.75m was contingent upon the delivery of service targets and those resources would not become available to the Council unless the projected number of reduced hospital admissions target was met.

It was noted that the Clinical Commissioning Group had agreed that any benefit or loss arising from the fund would be shared jointly with the Council.

In concluding his presentation the Assistant Director of Quality and Commissioning reported on the bid made to NHS England for the Better Care Fund, advising that the authorisation process would take place in November, however it was believed that very few bids would pass without minor amendments or qualifications.

The Cabinet Member for Human Resources, Legal, Property and Health referred to the hard work of the Clinical Commissioning Group and the Directorate of Adult, Community and Housing Services, being impressed by the level of determination and ambition in relation to the bidding process referred to above. She referred to the risks involved and the need to deal with the demographics in order to provide services. The continuing need for partnership working in order to achieve the top to bottom systematic change was referred to.

The Cabinet Member also referred to the work of the Dudley Health and Wellbeing Board in relation to governance of the health care system.

Arising from the presentation Members asked questions and made comments and the Assistant Director of Quality and Commissioning responded as follows:-

The aim of the delivery of the health care service was to make people feel safe, well, confident to remain at home and to reduce isolation and in view of this the quality of care was paramount.

In relation to the performance matrix there were currently agreed data management systems which tracked all hospital admissions, time frames, conditions and outcomes and there was a methodology in place for collecting data. This data was shared with the Clinical Commissioning Group and the Dudley Group of Hospitals, however it was agreed that further work was needed in this area particularly in relation to the new service provision areas where no data currently exists. Investigation of reasonable expectations and how this

could be reported upon would take place in order for action to be taken if there were shortfalls in areas of health care provision.

A Member raised concerns regarding avoiding admissions to hospital in order to meet targets.

A suggestion was made that the Police be included in partnership working in order to target reduction in hospital admissions.

The Assistant Director of Quality and Commissioning advised that two criteria would take precedence when determining whether hospital admissions were necessary and these were clinical diagnosis and the statutory duty of care including the ability to determine when to refer people and the need to admit.

It was also reported that a requirement of the Better Care Fund included the right of the Community to actively challenge the Fund. Dudley Healthwatch were meeting with people to define a matrix as to what mattered most to them, which would be scrutinised from a community perspective and in relation to those clear expectations, as to how issues in relation to the fund would be mitigated should the expectations of the community not be met

The Cabinet Member for Human Resources, Legal, Property and Health advised that Chief Superintendant Johnson of West Midlands Police, was a member of the Dudley Health and Wellbeing Board and a wide dialogue had been conducted with him as to how the Police would become involved and what their role would be in relation to the detection of those requiring health care services. She also reported on the work that was taking place in relation to self awareness for staff, in order to provide early intervention health care.

Members expressed concerns and made suggestions in relation to the following:-

- The elderly being vulnerable and suffering from loneliness, suggesting that additional extra care provision should be provided;
- The work of the befriending service and a request that engagement take place with the voluntary sector in relation to those who were more vulnerable including those with mental health issues;
- That should the elderly require adaptations to their properties these should be carried out on a more timely basis, with a request that health care professionals become engaged with the Council's Housing Services.

The Chair recommended that it was vital for the Council's Housing Services to become involved and included with the health care provision and the Better Care Fund, in order to ensure that there was no hiatus between them. The Assistant Director of Quality and Commissioning agreed to pursue this.

The Assistant Director of Quality and Commissioning referred to the adoption of the trusted assessor model in order to address issues or make recommendations in relation to disabled facilities with funding forming part of the Better Care Fund.

The Assistant Director of Quality and Commissioning also reported on the engagement work conducted with the community advising that their top priority had been transport and concerns surrounding the reduction in transport services. He advised that he had spoken to CENTRO in relation to disability awareness and communication had been entered into with the voluntary sector to investigate whether they had fleet vehicles available to assist with transportation to medical facilities.

He also reported on the isolation work conducted by Dudley Council for Voluntary Services and the 36,000 informal carers within the Dudley Borough.

In responding to a question in relation to how the category of risk was determined, the Assistant Director of Quality and Commissioning advised that there was a clinical diagnosis tool that was used to determine whether the population were categorised as high risk, established risk, emerging risk or low risk.

The Chair suggested that all Members of the Council should be briefed in relation to the Better Care Fund.

Resolved

- (1) That the contents of the presentation on the Better Care Fund, together with Members' comments be noted.
- (2) That the Cabinet Member for Human Resources, Legal, Property and Health be recommended to ensure the inclusion of the Council's Housing Services with health care provision and the Better Care Fund.

The Board received the Forward Plan of Key Decisions for the four month period commencing 1st October, 2014.

Reference was made to an additional item being included in the Forward Plan concerning parking at Russells Hall Hospital and following further discussion it was

Resolved

- (1) That the Forward Plan of Key Decisions for the four month period commencing 1st October, 2014, be noted.
- (2) That the Lead Officer to the Committee convene a further meeting of the Committee to consider parking issues at Russells Hall Hospital.
- (3) That Members be requested to email the Lead Officer details of relevant partners and organisational representatives they wished to invite to the meeting to consider parking issues.

The meeting ended at 7.35 pm

CHAIR