

Minutes of the Health Scrutiny Committee

Thursday 20th November, 2014 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

Present:-

Councillor C Hale (Chair)
Councillor N Barlow (Vice-Chair)
Councillors C Elcock, M Hanif, D Hemingsley, S Henley, K Jordan, M Roberts K Shakespeare, E Taylor and K Turner and J Emery

Officers

S Griffiths (Democratic Services Manager (Acting Lead Officer to the Committee), B Clifford (Interim Assistant Director for Adult Social Care), K Jackson (Interim Director of Public Health, M Johal (Democratic Services Officer – Directorate of Corporate Resources, D Lowndes (Assistant Director Culture and Leisure), I Newman (Treasurer – Corporate Finance), A Sangian (Senior Policy Analyst), R Sims (Assistant Director of Housing, Strategy and Private Sector) and J Vaughan (Head of Service, Directorate of Adult, Community and Housing Services)

Also in Attendance

Ms Liz Abbis – Dudley Group NHS Foundation Trust
Dr David Hegarty – Dudley Clinical Commissioning Group
Ms Laura Broster – Dudley Clinical Commissioning Group
Mr Jason Evans – Dudley Clinical Commissioning Group
Mr Neill Bucktin – Dudley Clinical Commissioning Group
Ms Marsha Ingram – Dudley and Walsall Mental Health Trust
Ms Rosie Musson – Dudley and Walsall Mental Health Trust
Mr Paul Maubach – Dudley Clinical Commissioning Group

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Declarations of Interest

In accordance with the Members' Code of Conduct, a non-pecuniary interest was declared by Councillor K Turner in respect of any reference made to older people in view of him being the Chair and Director for Age Concern.

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Apology for Absence

An apology for absence from the meeting was submitted on behalf of P Bradbury (Healthwatch).

22 **Appointment of Substitute Member**

It was reported that J Emery had been appointed to serve in place of P Bradbury for the meeting of this Committee only.

23 **Minutes**

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 22nd September, 2014 be approved as a correct.

24 **Public Forum**

No issues were raised under this agenda item.

25 **Medium Term Financial Strategy**

A joint report of the Chief Executive, Treasurer and Interim Director of Public Health was submitted on the Medium Term Financial Strategy (MTFS) for 2017/18 with emphasis on proposals relating to the Committee's terms of reference. Items directly specific to this Committee were those relating to the proposed Public Health budget for 2015/16 as contained in paragraphs 25 to 27 of the report submitted.

Arising from the presentation of the report the following queries and comments were made by a Member:-

- That an increase in the Council Tax in the past would have generated additional income and the reason for the zero increase was questioned given the budgetary pressures.
- Reference was made to the savings to be made relating to health integration and the Mental Health Services and it was questioned whether the savings were realistic and achievable.
- Although it was acknowledged that savings were needed and were supported it was considered that it was important to continue and maintain Service Level Agreements for older people. There were progressively higher numbers of aging people, particularly those with dementia, and it was considered that resources should be targeted to detecting dementia as early prevention was a potential saving to the Local Authority.

In responding to the above the Treasurer stated that a freeze was a forecasting assumption rather than a recommended course of action. With regard to an increase in the Council Tax the Treasurer confirmed that the Local Authority had three options, namely: receiving the Council Tax Freeze Grant which was equivalent to a 1% increase, to increase Council Tax by up to 2% without the need to hold a referendum or to increase it above 2% by holding a referendum. It was pointed out that owing to the oddities in calculations relating to the Freeze Grant, the difference between a 1% grant and a 2% Council Tax increase was only around £0.75m though this would be ongoing in the base budget.

The Interim Assistant Director for Adult Social Care referred to older people and commented that there were a range of grants available and discussions were taking place with the Clinical Commissioning Group to improve the process given the increasing numbers of people with dementia.

Resolved

That the Cabinet's proposals for the Medium Term Financial Strategy to 2017/18, as set out in the report, and Appendices to the report, submitted be noted.

26

Quality Transfers of Care Between Hospital and Community Settings

A joint report of the Director of Adult, Community and Housing Services and the Chief Accountable Officer was submitted on specific issues relating to delayed transfers of care, quality transfers of care between hospital and other settings, work being done in the health and social care economy to continually improve services and people's experience of transfer of care between hospital and other settings.

The Interim Assistant Director for Adult Social Care and the Chief Accountable Officer (Clinical Commissioning Group (CCG)) presented the report, and in doing so, made the following points:-

- Partnership was key between all agencies in ensuring that hospital discharge was a good experience and that the actions or inactions of one agency can affect the work of another
- That a number of initiatives were underway to address long-term and short-term issues, such as the development of a "discharge to assess" model and the need for more reliable, agreed information.
- That most discharges from hospital were done without the involvement of adult social care through the support of family or friends. The challenges referred to in the report were specifically about discharges where support from the Council and/or the CCG was required.
- The role of the CCG was to commission health care with a view to the Dudley Group Hospital Foundation Trust (DGHFT) providing the care.

- A review on quality transfers of care had been undertaken in conjunction with the Council, CCG and DGFT and following discussions an Action Plan had been produced. Work was currently being undertaken with a view to implementing the plans with the intent to improving the services which were being provided to the public. A copy of the Action Plan could be made available to Members, if required.
- Reference was made to the pie chart illustrating the degree of delays and it was commented that it was intended to gradually reduce these delays to zero. The issue was of multi-agency concern and efforts would be made jointly with a view to improving the quality of transfers.
- Arising from recent research it had demonstrated that 90% of people had benefited from a good experience and the remaining 10% had suffered varying levels of bad experiences.

Arising from the presentation of the report and in responding to Members' queries and comments, the Interim Assistant Director for Adult Social Care and the Chief Accountable Officer made the following points:-

- It was acknowledged that there had been some delays in discharging patients due to reasons such as the length of time taken by the pharmacy to dispense medication. Some of the delays had been associated with the technology used by the pharmacy, however, the computer systems had now been updated. The CCG were aware of other problems, such as the delays in "signing off" prescriptions by hospital doctors and had raised the matter with the Trust with a view to addressing the issue. However, it was pointed out that there was a rigorous process in place to ensure that correct medication was being dispensed and some delays were inevitable.

It was stated that the number of staff employed and available at the pharmacy on a typical day was not known, however, Ms Abbis undertook to provide this information to Members. Insofar as whether there would be any reduction in staff given the budgetary constraints it was commented that any job losses would be achieved by natural wastage.

- In response to a query about the delays in Ambuline collecting patients from hospitals which subsequently resulted in delays to beds being released for other patients, it was acknowledged that there was a need for all organisations to communicate effectively and that improvements needed to be made. In relation to the arrangements that were in place to collect patients it was stated that Ambuline attempted to collect patients in geographic clusters, where this was not possible, individual patients would be collected.
- Comments about the excellent service offered at Tiled House for the elderly and that the service should be expanded were welcomed.

- The Chief Accountable Officer undertook to investigate the incidents as described by a Member in relation to the bad experiences of two patients. It was also suggested that any concerns should be raised with the hospital directly or the CCG for further investigations.

The Chair requested that information collated from the survey conducted by Healthwatch in gauging patient experiences upon being discharged be circulated to all Members of the Committee.

Resolved

That the information contained in the report submitted on quality transfers of care between hospital and community settings, be noted and that a further report be submitted to a future meeting of the Committee.

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The Better Care Fund

A report of the Chief Accountable Officer was submitted on the current position in relation to the Better Care Fund (BCF). The Better Care Fund Planning Template – Part 1 – Final Submission had also been circulated to Members of the Committee.

In presenting the report the Chief Accountable Officer explained that the BCF plan had been approved by the Health and Well Being Board. The integration model for Dudley involved various agencies comprising of a General Practitioner (GP), community nurse, mental health link worker, practice based pharmacist and a social care link worker with a view to combining and offering shared services. All agencies were working together with a view to improvements being made and the programme had now been extended to twelve practices with a view to rolling out to the rest of the Borough in due course.

Arising from the presentation of the report, and in responding to a query from a Member, it was stated that various events were being held with a view to addressing and engaging people, particularly young people, as Dudley had a high obesity rate.

The view of the adult social care service was sought and the Assistant Director for Adult Social Care stated that the service supported the direction described in the report, noting that further work was being done in relation to financial and technical issues.

Resolved

That the information contained in the report submitted on the position in relation to the Better Care Fund, be noted and that a further update report be submitted to the next meeting of the Committee.

Dudley Group National Health Service Care Quality Commission Outcomes

Ms Abbis, Dudley Group NHS Foundation Trust informed the Committee that there had been a delay and that the report was not as yet available.

A Member commented that she had been informed that Russells Hall Hospital had been placed on alert because of failings relating to their budget and delays in the Accident and Emergency Department and if issues were not addressed the Chief Executive could lose her position. In responding the Chief Accountable Officer referred to a historical matter about failings at the hospital and reported that discussions had, in the past, been held between the Trust and Monitor (the regulator) but that work had taken place to address the issues that had been highlighted. The Chief Accountable Officer stated that he was not aware of any other problems but he referred to the recent announcement of the resignation of the Chief Executive of Kettering over problems with emergency department performance which may have led to staff at some hospitals being concerned and fearful.

Resolved

That the report on the Dudley Group National Health Service Care Quality Commission Outcomes be submitted to a future meeting of the Committee.

Mental Health Services Care Quality Commission Inspection

Ms Ingram and Ms Musson, Dudley and Walsall Mental Heath Trust presented information on progress made on the Care Quality Commission inspection. A copy of the slides had previously been circulated to Members of the Committee.

Arising from the presentation, and in responding to Members' queries and comments, the following points were made:-

- The information relating to the query about the number of lay managers and associated gender mix was not known and would be circulated to Members of the Committee in due course.
- There was a limited service specifically for dealing with people suffering from eating disorders. There were two full time equivalent posts in place, however, specialist services could be accessed and referrals made, if required. It was further stated that it was unusual for a patient to visit their GP solely with an eating disorder and diagnosis was usually via generic assessment.

Ms Ingram and Ms Musson undertook to circulate to Members of the Committee a response to the query on how long patients had to wait to be seen by a specialist when referred by the GP for an eating disorder and also subsequent waiting times before treatment commenced.

- A monthly matrix was published on the NHS Choices website detailing information on the working patterns. A regular monthly report on the workforce was also submitted to the Board with a view to comparing staffing levels on a national basis.
- A significant amount of work was being undertaken to improve staff morale. The Trust conducted regular “Friends and Family Test” which was an important tool to give staff the opportunity to provide feedback on their experience. A typical question asked of staff was whether they would recommend the Trust to their family and friends. It was commented that the survey was anonymous and that approximately 35% of staff had completed a form during the first quarter.

Resolved

That the information contained in the presentation on progress made on the Care Quality Commission inspection, be noted.

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Clinical Commissioning Group: Birmingham, Black Country and Solihull Stroke Review – Programme Development

Mr Maubach, Chief Accountable Officer (Clinical Commissioning Group) gave an oral update on the BBC and Solihull Stroke Review Programme Development.

The Chief Accountable Officer explained that a joint stroke review was being undertaken by all Clinical Commissioning Groups in the Black Country area and that there were currently six hospital trusts in the conurbation delivering hyper acute stroke services. Discussions had not concluded and further information could not be provided at this time for confidentiality reasons.

Resolved

That the information contained in the verbal update on the Birmingham and Black Country and Solihull Stroke Review Programme Development be noted and a report be submitted to a future meeting of the Committee.

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Dudley Group NHS Foundation Trust: Patient Experience

A report of the Dudley Group NHS Foundation Trust was submitted updating the Committee on the Trusts Patient Experience Strategy 2014-2017. The Strategy was attached as an Appendix to the report submitted.

Arising from the presentation of the report and in responding to a query, Ms Abiss reported that volunteers and nurses were available to assist vulnerable patients if they had difficulties in consuming their food. It was suggested that if people experienced any issues they should initially approach a member of staff, and if a satisfactory response was not forthcoming, then the matter should be referred to the Patient Advice and Liaison Service (PALS).

Resolved

That the information contained in the report and Appendix to the report submitted on the Dudley Group NHS Foundation Trust : Patient Experience, be noted.

32 Update on Urgent Care Development

A verbal report of the Chief Accountable Officer was submitted on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

In presenting the oral report the Chief Accountable Officer stated that discussions to consider challenges and best solutions were still taking place, there were delays to the building but that the service would still be operational from 1st April, 2015. It was reported that "Malling Health" had been the successful tender and that all parties had been impressed by their culture and attitude and were of the opinion that they would work particularly and effectively well with GP's and patients.

Arising from the oral presentation, and in responding to Members' queries and comments, the following points were made:-

- The service would be in place and running from 1st April, 2015. However, there were delays to the building due to changes to the design and the requirement to submit a planning application.
- It was expected that the design of the service would free up capacity and therefore help to improve the quality of service to people and also help to reduce delays in ambulance turnaround.
- Discussions had been held around car parking and consideration was being given to expand the parking at the hospital and also the availability of buses to and from the hospital was being explored. It was pointed out that there were only eight car parking spaces at the current walk in centre.
- With regard to consultation rooms the Committee were informed that if the designated rooms to be located near the Accident and Emergency Department were not ready and available by 1st April, 2015, other rooms situated elsewhere in the hospital could be used.
- In relation to drawings or a model of the plans for the UCC the Chief Accountable Officer stated that it was intended to produce plans and that clear information would be publicised as it was imperative that members of the public were made aware of expectations.

Ms Emery (Healthwatch) reported that once the UCC was operational they would undertake a survey with a view to collating information to gauge people's experiences.

The Chief Accountable Officer undertook to submit a report to the Chair to provide an update on discussions held with “Malling Health”. It was also requested that an update report be submitted to the meeting to be held in July, 2015 detailing information on performance, any associated problems particularly in relation to timescales and car parking together with information to be collated from the survey to be undertaken by Healthwatch.

Resolved

- (1) That the information contained in the verbal report on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley, be noted;
- (2) That a further update report to include information on performance, problems encountered, particularly in relation to timescales and car parking, together with information collated from the survey by Healthwatch be submitted to the meeting of the Committee to be held in July, 2015.

The meeting ended at 8.30 p.m.

CHAIR