

HEALTH SCRUTINY COMMITTEE

Thursday 23rd January, 2014 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Ridley (Chair)
Councillor Kettle (Vice-Chair)
Councillors Cotterill, Elcock, Harris, Hemingsley, Jordan, Ms Nicholls, Roberts and
Mrs Walker and Ms Pam Bradbury – Chair of Healthwatch

Officers

Assistant Director of Law and Governance (Lead Officer to the Committee), Director of Public Health, Assistant Director, Adult Social Care (Directorate of Adult, Community and Housing Services), Ms K Jackson – Consultant (Office of Public Health Chief Executive's), Scrutiny Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal (Directorate of Corporate Resources)

Also in Attendance

Councillor S Turner – Cabinet Member for Health and Well Being
Mr P Maubach – Accountable Officer (Dudley Clinical Commissioning Group)
Mr J Evans – Urgent Care Commissioning Manager (Dudley Clinical Commissioning Group)
Mr C Harris – West Midlands Ambulance Service
Ms C Clayton – West Midlands Ambulance Service

27 CHAIR'S REMARKS

The Chair welcomed Ms Pam Bradbury, the Chair of Healthwatch, to the meeting and indicated that she would fill the vacant position on the Committee as a Co-opted Member to the end of the Municipal Year.

28 CHANGE IN ORDER OF BUSINESS

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

RESOLVED

That Agenda Item No 8 (Update on Urgent Care Public Consultation) be considered after Agenda Item No 6 (Responses to Questions Arising from Previous Committee)

29 APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were received on behalf of Councillors Billingham and Mrs Rogers.

30 APPOINTMENT OF SUBSTITUTE MEMBER

It was reported that Councillor Elcock had been appointed as a substitute member for Councillor Mrs Rogers for this meeting only.

31 DECLARATIONS OF INTEREST

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

32 MINUTES

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee held on 7th November 2013 be approved as a correct record and signed subject to an amendment to Minute No 25 to include the following paragraph at the end of the preamble "In conclusion a Member stated to the Dudley Clinical Commissioning Group that whatever conclusion came out of the consultation on urgent care that the Committee would view it as a substantial variation to services and would wish to scrutinise that decision."

33 PUBLIC FORUM

No issues were raised under this agenda item.

34 RESPONSES TO QUESTIONS ARISING FROM PREVIOUS COMMITTEE MEETING

A report of the Lead Officer to the Committee was submitted on updates and responses arising from the previous Committee meeting.

RESOLVED

That the information contained in the report, and Appendix to the report, submitted on updates and responses arising from the previous meeting, be noted.

A report of the Chief Accountable Officer, Dudley Clinical Commissioning Group (CCG) was submitted on the public consultation on urgent care in Dudley which the CCG carried out from 1st October to 24th December, 2013. Attached as appendices to the report submitted were copies of reports that had been submitted to the CCG Board on the consultation exercise and a report outlining proposals for urgent care reconfiguration developed in response to feedback received during the consultation.

In presenting the report, Mr Maubach stated that the CCG had undertaken a robust consultation process and had listened to the views of the Committee which had resulted in additional surgeries being held. Healthwatch Dudley had been commissioned to carry out a targeted research exercise that involved talking to service users at Russell's Hall Accident and Emergency Department and the Walk-In Centre over a period of seven days from 29th November – 5th December.

The consultation process had highlighted some positive views and also some concerns and three main areas of concern were whether transferring urgent care to Russells Hall would create additional pressure on the Accident and Emergency Department (A&E), accessibility and issues around parking. The CCG Board had discussed the issues at length and it was considered that the proposed model would reduce the pressure on A&E as all patients would be triaged at the single point of entry and that Russells Hall was easier to get to by public transport. With regard to parking it was considered that although it was an issue it was not a sufficient reason to outweigh the health benefits to the public. However, for mitigation purposes, it was proposed that a telephone system would be introduced whereby a patient would initially call and be triaged over the phone. Following assessment if attendance at Russells Hall was required an appointment would be made which would reduce the waiting time for the patient resulting in reduced parking charges.

Another key issue emanating from the consultation process was that the public were keen on the Walk in Centre so the Board took the view that a walk in service should also be provided as part of the new urgent care facility. The current Walk in Centre operated from 8 am – 8 pm and it was proposed that the combined walk in service would operate as a 24 hour facility.

A Member commented that he had attended several meetings with the CCG and he was of the opinion that proposals for the urgent care facility to be based at Russells Hall were being pushed. He stated that he had spoken to several people and the view was that the public wanted more walk in centres spread across the Borough. Another member referred to public transport and indicated that the argument of accessibility to Russells Hall being easier by public transport only applied whilst buses were operating. It was also commented that if a person was not well they did not want to travel on the bus.

Arising from further comments and queries from Members Mr Maubach stated that the contract for the Walk in Centre had been extended until September, 2014 to allow the consultation that had just been completed to take place and to then give time to develop the new service specification before tendering for the new service. The detailed report produced by Healthwatch would be taken into account to aid design specifications for the urgent care facility. The proposal to base the facility at Russells Hall revolved around clinical reasons to integrate services as it was deemed to be safer and a national report had also stated that integrated delivery of services had better outcomes and was safer for the public. Insofar as more walk in centres spread across the Borough were concerned, Mr Maubach stated that this would inevitably incur additional costs and cuts would need to be made elsewhere.

In responding to further questions Mr Maubach refuted the comment made that the CCG were putting money before patients and he stated that the overriding factor was to improve services and the only objective was to produce a high quality service. National guidelines and best practice all pointed towards the integration of services and by creating a single 24 hour service would assist patients as they would not be going to different centres at different times and the telephone service would also enhance the facility and save time for patients.

Further comments made included:-

- How much had the consultation cost
- Walk in centres were clinically risky as staff could not access patient records and it was queried whether the new urgent care facility would have access to patient records
- Parking at Russells Hall was an issue and the relevant Scrutiny Committee should investigate the matter
- Dudley Group Foundation Trust should give consideration to staggering hospital clinic opening and visiting times to alleviate the parking situation.
- Would it not be better for individual GP's to set up their own triaging services at their surgeries that could be run by suitably qualified nurses
- It was suggested that the current contract for the Walk in Centre be extended beyond September 2014 to enable new systems and the facility to be fully operational and in place.
- The public wanted easier access to GP's and it was considered that efforts should be targeted on that aspect instead of concentrating efforts to moving a facility to Russells Hall

Mr Maubach responded to comments made and stated that although the urgent care facility was still to be based at Russells Hall the proposed design was substantially different as public views had been taken into account. Full patient records at the current Walk in Centre and at A&E were not available for medical staff and one of the benefits in seeing your own GP was that they had full patient history and records. However, discussions were being undertaken with a view to the creation of a single computer system to enable all medical staff to gain access to patient records but this was a long process and required significant collaboration. With regard to triaging Mr Maubach stated that currently at A&E it was carried out by a nurse and by a trained administrator for the 111 service. A decision had not been made on what triaging method would be used but best practice would be followed

and Mr Maubach undertook to report back to a future meeting on the preferred option. With regard to GP access it was stated that the biggest issue was to ensure that access to GP's did not get worse as any deterioration would have a significant adverse impact.

A Member referred to the proposal for reconfiguration of urgent care and commented that this was a substantial change in service which affected a large number of people using the service and queried why there was no financial information provided. A recommendation or review could not be undertaken until full financial details and a precise specification of the proposed model to include staffing structures and an implementation plan for continuous improvements was available to enable comparisons to be made.

The Chair on behalf of the Committee thanked Healthwatch for the work undertaken in producing the report and time spent in interviewing people.

In conclusion it was agreed that a Special Meeting of the Committee be held in March, 2014 to consider the matter further including cost implications, staffing and parking and that various partners be invited to give evidence and answer specific queries.

RESOLVED

- (1) That the consultation activities set out in the report submitted by way of assurance that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system, be noted.
- (2) That the feedback received which would be taken into account when agreeing steps in developing an improved urgent care system for the people of Dudley, be noted.
- (3) That the Dudley Clinical Commissioning Group be requested to provide a further report to include details of capital resource, costs involved, staffing structure and parking issues to a Special Meeting of the Committee to be held on a date to be determined in March, 2014.

A report of the Chair of the Dudley Health and Well Being Board was submitted updating the Committee on the developments of the Health and Wellbeing Board and progress of work from 1st, April 2013.

Arising from the presentation of the report the Cabinet Member for Health and Well Being, Director of Public Health and Ms Jackson responded to Members' queries and commented that revenue generated from consequences of breach remained within the CCG's budget to use to make health improvements; hospital ambulance turnarounds were an issue but improvement work was ongoing and that work that had previously been undertaken by the Shadow Health and Well Being Board had continued and follow up work undertaken.

In responding to a query from a Member on whether it was considered that three Members of the Council were sufficient to sit on the Health and Well Being Board, the Director of Public Health confirmed that there were four Members and stated that the minutes of the Health and Well Being Board were available for public perusal and were included in the White Book for Members' attention. It was further commented that constitutional arrangements stipulated membership for Council Members to be at a minimum number but that there was no maximum limit set. However, it was pointed out that there was a need to strike a balance given the number of various partners on the Board and to ensure that there was sufficient community as well as Members' views. In response to a request the Director of Public Health undertook to circulate to Members the membership of the Health and Well Being Board.

In responding to further questions Ms Jackson indicated that timescales for commissioning a Mental Health Service for the 16 – 18 age group and key actions could not be given as yet as the matter had been referred to the Children's Commissioning Board for consideration. In referring to Healthy Services: Urgent Care Dashboard as referred to in the Appendix to the report, in particular to ambulance handover and ambulance crew readiness the Vice Chair requested that figures, based on the worst scenario, be given on how many ambulances were available to undertake normal emergency work taking into account the number of queuing ambulances in hospitals. Mr Harris (WMAS) undertook to provide the requested information to Members and commented that queuing ambulances at hospitals was an issue but efforts were being made to monitor the situation with a view to escalating through the system at various trigger points.

In responding to a query from a Member relating to what work the Health and Well Being Board had undertaken since April last year to improve the health and well being for residents in the borough and any relating evidence and how the spotlight sessions had been chosen, the Cabinet Member for Health and Well Being and the Director of Public Health explained the work undertaken and also referred to the Health and Well Being Strategy. The strategy had identified five priority areas and spotlight sessions with key stakeholders were arranged, one for each priority area and attempts were made to ascertain and determine positive and negative aspects with a view to improvements being made. The Cabinet Member for Health and Well Being stated that achievements were based on integrating services and joint commissioning which was a challenge.

In conclusion the Chair requested that a further report be submitted to the Committee in the Autumn to include overall indicators, an implementation Plan and performance framework.

RESOLVED

- (1) That the information contained in the report, and Appendices to the report, submitted on the developments of the Health and Wellbeing Board and progress of work for 2013/14, be noted.

- (2) That a further report to include overall indicators, an implementation Plan and performance framework be submitted to a future meeting of the Committee.
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37 111 SERVICE

A verbal report and presentation was made on the 111 Service by the West Midlands Ambulance Service (WMAS). Copies of the slides of the presentation were circulated for information to Members.

In presenting the information on the 111 Service, Ms Clayton, West Midlands Ambulance Service, provided some background information in that the WMAS had been approached by the National Health Service (NHS) England as the preferred “step in” partner for the West Midlands region following withdrawal of the contract from NHS Direct. The transfer took place in November 2013 and since that date, NHS 111 had continued to improve on performance and now regularly achieved over and above the set target.

There had been a number of changes to the delivery model including increased access to clinical support for non clinicians; a Clinical Manager running each shift and additional training for new staff that incorporated the accredited First Person on Scene course. During the Christmas period (23rd December – 5th January, 2014), 37,913 calls were answered and on average, 97.2% of those calls were answered within sixty seconds, which exceeded the target of 95%. Since providing the service, WMAS had received various compliments and there was a feeling of positivity for NHS 111 staff.

Ms Clayton then went on to explain points about the 111 structure, how calls were dealt with, clinical governance, winter contingency, partnership and integrated working.

Arising from questions from Members, Ms Clayton stated that there was a peak in calls during early mornings and evenings which coincided with the closing times of General Practitioners (GP's) surgeries, the contract was due to end in August 2015, there were 41 Health Advisors and 19 Clinical Advisors on duty and that they were constantly striving to win back public confidence which was being achieved given the number of increased calls.

The Chair thanked the West Midlands Ambulance Service for their presentation and commented that some faith had been restored and she urged that they attend the special meeting to consider urgent care.

RESOLVED

That the verbal report and information contained in the presentation on the 111 Service, be noted.

The meeting ended at 8.40 p.m.

CHAIR