Health Scrutiny Committee

Thursday 19th November, 2015, at 6.00pm
In Committee Room 2 at the Council House, Priory Road, Dudley

Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.

2. To report the appointment of any substitute Members for this meeting of the Committee.

3. To receive any declarations of interest under the Members' Code of Conduct.

4. To confirm and sign the minutes of the meeting held on 24th September, 2015 as a correct record.

5. Public Forum – To receive questions from members of the public:-

   The Public are reminded that it is inappropriate to raise personal cases, individual details or circumstances at this meeting, and that an alternative mechanism for dealing with such issues is available.

   Please note that a time limit of 30 minutes will apply to the asking of questions by members of the public. Each speaker will be limited to a maximum of 5 minutes within the 30 minutes.

6. Medium Term Financial Strategy (Pages 1 – 21)

7. Excess Winter Deaths (Pages 22 – 31)

8. Dudley and Walsall Mental Health Partnership NHS Trust – Older Adult Mental Health Services – To consider a verbal presentation.

9. Stroke Service Reconfiguration – To consider the presentation attached – (Pages 32 – 41).

10. Update on Dudley Urgent Care Centre (Pages 42 – 45)

11 To consider any questions from Members to the Chair where two clear days notice has been given to the Strategic Director Resources and Transformation (Council Procedure Rule 11.8).

Strategic Director Resources and Transformation
Dated: 11th November, 2015

Distribution:

Members of the Health Scrutiny Committee:
Councillor Hale (Chair)
Councillor A Goddard (Vice-Chair)
Councillors M Attwood, K Casey, K Finch, S Henley, S Phipps, N Richards, M Roberts, D Russell and E Taylor.

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Minutes of the Health Scrutiny Committee

Thursday 24th September, 2015 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 N Barlow, K Finch, S Henley, S Phipps, N Richards, D Russell and E Taylor.

Co-Opted Member

Pam Bradbury (Dudley Healthwatch)

Officers

S Griffiths (Democratic Services Manager) (Acting Lead Officer to the Committee), 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
L Broster – Head of Communications - Dudley Clinical Commissioning Group
M Axcell – Acting Chief Executive – Dudley and Walsall Partnership National Health Service Trust
T Whalley – Programme Director, Black Country Alliance
N Henry – General Manager Black County West Midlands Ambulance Service
L Abbis – Head of Communications - The Dudley Group of Hospitals National Health Service Trust
M Docherty – Director of Nursing, Quality and Clinical Commissioning.

11 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors M Attwood, K Casey and M Roberts.

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12. **Appointment of Substitute Member**

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

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13. **Declarations of Interest**

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

14. **Minutes**

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 8th July, 2015 be approved as a correct record and signed.

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15. **Public Forum**

No issues were raised under this agenda item.

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16. **Dudley and Walsall Mental Health Partnership NHS Trust**

Mr Axcell, Acting Chief Executive of the Dudley and Walsall Mental Health Partnership NHS Trust gave a verbal presentation in relation to the Strategic Direction and Foundation Trust Application, advising that the application had been deferred in June, 2015 for a period of up to 12 months, following which it would be referred back to Monitor. It was noted that the Monitor letter had been positive and further work had been commenced in three areas, namely staff engagement, reporting to the Board and alignment to some of their policies and procedures and thirdly in relation to finances, as a number of significant risks had been included in the Trust's model, and although mitigations to those risks had been outlined, further detail was required in relation to risk mitigation.

A recent meeting in London was referred to whereby Monitor had been updated and it had been agreed that a further meeting would take place in January 2016 with the priority now being to address the issues in relation to the Trust Board.

The background in relation to the direction of travel in acquiring trust status was outlined, including developing new models of care and the active work to deliver, in particular crisis care in partnership with the three additional mental health trusts. The recent bid to obtain a Vanguard scheme and the additional work through the monitor that had resulted in a recommendation in relation to further consideration of the Trust on how it could deliver Vanguard emergency care was referred to.

Arising from the presentation, Members asked questions and made comments. Mr Axcell the Acting Chief Executive of the Dudley and Walsall Mental Health Partnership NHS Trust responded as follows:-

- That the Trust's greatest challenge was recruitment in view of the national shortage of staff, coupled with increasing challenges on mental heath services.
- The governance structure of the new Vanguard would include a patient forum and patient representatives

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- In relation to finances there was a plan to deliver just over a £1m surplus during the current year with continuing monitoring of the model over a five year period, in order to retain the criteria required viable for the basis of Foundation Trust status.

Mr Maubach, Chief Executive of the Dudley Clinical Commissioning Group referred to his disappointment that the Trust had been unsuccessful. From a financial point of view he stated that the organisation remained the most stable in Dudley health and care system. The appreciation of the active work of the trust locally was echoed by Mr Maubach who referred to the need to continue to support local delivery of services across the Dudley Borough.

Resolved

(1) That the verbal presentation on Dudley and Walsall Mental Health Partnership NHS Trust Strategic Direction and Foundation Trust application, be noted.

(2) That the Dudley and Walsall Mental Health Partnership NHS Trust be requested to provide a further update to a future meeting of the Committee on the Foundation Trust Application.

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17. **Dudley Group of Hospitals – CQC Inspection Closure, Monitor License Breach and CCG Unannounced Visit**

A report of the Chief Executive of the Dudley Group NHS Foundation Trust was submitted on the Care Quality Commission Inspection closure, Monitor License breach and Clinical Commissioning Group unannounced visit.

Ms Abbiss, representative from the Dudley Group NHS Foundation Trust presented the report submitted, making particular reference to the fact that two actions remained open and referred to the monitor License Breach advising that the whole review and re-design of the service had taken some time.

The recruitment of both a Glaucoma Consultant and a further Ophthalmology Consultant was noted together with the provision of three further Ophthalmology clinics.

Additional services in the community in relation to fasting tests and some General Practitioner surgeries also providing phlebotomy testing by appointment was referred to together with the four new additional posts and the additional services at the Dudley Guest and new clinic at the Corbett Hospital. It was also noted that capacity had been increased with the improvement of waiting areas, with the continued monitoring of services.

Ms Abbiss, advised that the Trust were hopeful that the monitor would remove the Trust out of breach later in the year and in relation to addressing the deficit there were plans to make £14m in savings across the Trust.

In relation to the unannounced visit by the Clinical Commissioning Group, in view of the comments of patients referred to in the report submitted it was noted that the visiting team were very positive in relation to those comments and had identified no areas of concern.

Arising from the presentation of the report submitted, Members asked questions and made comments and Ms Abbiss responded as follows:-

- That appointments would have to be booked for fasting blood tests;
- That a concern in relation to only Consultants carrying out blood tests would be conveyed to the Trust, as should Consultants be unavailable any member of the nursing staff could undertake blood tests;
- Confirmation that testing was available at the Guest hospital from Monday to Friday with the provision of extended services at Corbett Hospital;
- That extensive hours had been gained across the Borough in relation to phlebotomy services;
- That a friends and family test was offered to every patient in order to rate the service , with surveys being utilised to measure the impact on patients expectations and experiences and comments received were used to improve the service;
- That real time surveys were conducted throughout the Trust which were continuously monitored;
- Re-assurances were provided that changes to services had been made for the benefit of patients, which was evidenced by the reduction in complaints received;
- The increasing demand in services for the Ophthalmology Clinic provision coupled with the fact that it had taken nearly three years to recruit consultants had lead to patients bad experiences, however a large volume of work had been conducted with staff in order to improve their understanding of the provision of services from a patients viewpoint, together with investing in a customer care programme, with patients concerns being relayed to the Trust Board;
- In relation to the improvements to review the flow of patients from Accident and Emergency through the hospital, re-organisation of the short and long stay areas had taken place in order to place them geographically closer to enable staff to work more closely together, with the introduction of a fast track hip service and assessment units being strategically placed throughout the hospital.
- That there was a Local Systems Resilience Group involving the Chief Executives of the relevant organisations conducting work on a winter plan, which involved all services working together in order to increase awareness of the pressures on services. Mr Maubach referred to the work conducted on winter plans being a testament to partnership working across the Borough.
- The success of the Urgent Care Centre was evidenced by the 8% reduction in patients entering the Emergency Department, although it was admitted that further work was required, with Urgent Care and Emergency Department consultants collaborating on how best to direct patients to the different departments throughout the hospital.

- That the Trust Board would in the future reach decisions in relation to further redundancies, however they were pleased with the small number of redundancies, in order to ensure that the finances were back on track.
- A complete cost improvement plan would be undertaken across the organisation which involved major service transformation with redundancies only forming part of the plan and the £14m savings involved an overall change in service provision.

Mr Maubach commented that the report referred to the work carried out to improve the services, it demonstrated that they had addressed the actions raised by the Care Quality Commission following their inspection, with the extension of phlebotomy service provision. He suggested that the trust had provided evidence that improvements to the service had resulted in a positive impact on patients and their experiences. It was agreed that the Trust submit details of the analysis to a future meeting of the Committee.

Mr Maubach agreed that the Healthwatch, Dudley survey on patient experience would be used to assist the Clinical Commissioning Group with improvements to the health care service.

In responding to a question in relation to urgent care and patient flow Mr Maubach advised that additional patients were anticipated, and that there was a contract in place to address the flexibility in attendances. That the new provider was aware that there had been capacity issues on certain days, for example on one bank holiday day and there was also the issue of the right amount of capacity at certain times of the day, however assurances were provided that the services commissioned were more than adequate to cope with any additional patients.

Mr Maubach reported that there had been a slight reduction in the number of patients accessing the hospital Emergency Department, with more emergencies being treated via the urgent care centre, however further work was required on distribution of services, and although forecasts could change year on year the capacity staffing resources for urgent care would be in excess of that required.

The Chair commented positively on the outcome of the Clinical Commissioning Groups unannounced visit, referred to in the report submitted.

Resolved

(1) That the information contained in the report submitted on the CQC Inspection Closure, Monitor License Breach and CCG unannounced visit be noted.

(2) That the Chief Executive of the Dudley Group NHS Foundation Trust be requested to submit the detailed analysis evidencing that improvements to the service had resulted in a position impact on patients and their experiences, to a future meeting of the Committee.

18. **Black Country Alliance**

The Committee considered a presentation of Mr Whalley, Programme Director, Black Country Alliance. The presentation had been circulated to Members and was available on the Council's Committee Management Information System (CMIS).

Mr Whalley referred to the launch of Black Country Alliance on 14th July, 2015 with the Alliance concentrating on work with the three Trusts in relation to delivering new models of care, with the trusts collaborating together on services and the financial viability of those services. It was noted that the purpose of the Black Country Alliance was to work on the improvement of health outcomes together with improving experiences of those accessing services, using resources effectively and investigating applications to share good practice, whilst at the same time raising standards in order to become more efficient with services across the three trusts, with all three trusts being actively involved with that approach.

It was noted that the Black Country Alliance would produce a new model of acute care in collaboration with the three trusts with the aim being to investigate care upon a service by service basis which would include investigating both clinical and non-clinical services throughout the trusts.

Mr Whalley referred to the delegation of some responsibility of the Trust Boards to the Black County Alliance with each Trust operating a system of veto in order to ensure that work on services was only conducted when all three agreed unanimously.

Detail of the Trust Board Clinical Reference Group together with membership was outlined, together with the services that were currently being investigated. It was noted that transactional services would also be examined and details in relation to the Steering Group Programme Teams, which would seek to ensure that the correct voices were involved in examining services were also noted.

Arising from the presentation Members asked questions and Mr Whalley responded as follows:-

- That part of the work being undertaken was investigation into methods of information sharing throughout the three Trusts in order to ensure that all organisations could share information expeditiously.

- That there were no current plans for expansion in relation to Accident and Emergency Departments and maternity units in Dudley, although continuing improvements would be investigated.

- The invitation by Healthwatch Dudley to meet with the three Trusts was accepted and welcomed by Mr Whalley on behalf of the Black Country Alliance.

Mr Maubach, referred to the three promises of the Black Country Alliance, as contained in the presentation submitted, welcoming the joint collaborative working, and commitment to Maternity and Accident and Emergency remaining across three locations. However it was noted that there may be a need to consolidate services that were more specialist in nature and Mr Maubach referred to public consultation issues which would arise from such consolidation. It was confirmed that once Black Country Alliance were in a position to provide advance notice of those consultations they would be made available to commissioners and the Committee.

Resolved

That the information contained in the presentation on the Black Country Alliance, and as reported on at the meeting, be noted.

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19. **Quality Priorities and 111 Service Update.**

A presentation of Mr M Docherty, Director or Nursing, Quality and Clinical Commissioning was submitted on Quality Priorities and 111 Service Update. The presentation had been circulated to Members and was available on the Council's Committee Management Information System (CMIS).

Mr Docherty made particular reference to Ambulance activity, advising that activity had reduced during the preceding 12 months which was unprecedented. The strong position locally as activity was less than anticipated was referred to. It was also noted that approximately 62% of 999 calls would proceed to acute hospital care, emphasising the importance of a reduction in that rate of conveyance over time.

Access Targets including delivery response times were outlined and it was noted that performance levels were far better than any other Ambulance Service performing in the Country.

Mr Docherty referred to the improvements required in patient hand over delays.

The reasons for people in Dudley calling 999 were outlined, together with an adrenalin and cardiac arrest trial which was taking place in order to determine whether the risk of brain damage was mitigated by the loss of life, with the trial continuing.

Participation in national and local audits were referred to and it was noted that participation in local audits were not compulsory. The flow chart detailing the various types of Audit was also referred to.

The Quality Priorities for 2015/16 were illustrated which included patient safety and experience and clinical effectiveness. It was noted that further work was required with those with learning disabilities together with work with Public Health England to reduce Health inequalities and the reduction of risk of harm resulting in delays from ambulance attendance.

Mr Docherty referred to the work to be undertaken on the ambulance service delivery model in order to optimise patient care and continuing to improve clinical outcomes.

Details in relation to the NHS 111 service update were provided with the West Midlands Ambulance Service ceasing to operate the service on 8th September, 2015, with the contact being transferred in a safe and effective manner. The financial losses to the West Midlands Ambulance Service were referred to and that negotiations in relation to the sustained losses were ongoing with the commissioners.

Arising from the presentation Members asked questions and representatives from the West Midlands Ambulance Service responded as follows:-

- That work was conducted with 22 Trusts and Clinical Commissioning Groups throughout the West Midlands, which presented challenges and West Midlands Ambulance Service were enthusiastic in relation to contributing and delivering services to the residents of the Dudley Borough.
- There was a requirement for continued improvement in collaborative working in order to reduce the rate of conveyance to hospital in two key areas; firstly in relation to the falls service, in order to predict and prevent falls; secondly in relation to end of life in order to support people to die in dignity in their own homes should they wish to do so.
- That work was conducted with the Falls service together with the provision of training locally, however some falls could be acute and required transport to hospital and work was continuing in other areas in order to share best practice in relation to falls.
- In order to address end of life care the introduction of an electronic record was being trialled in Staffordshire and a commitment was provided in relation to information sharing regarding end of life care in an extremely challenging environment.
- There was a conference in relation to improving services and Mr N Henry, General Manager, Black County West Midlands Ambulance Service agreed to provide Members with details of the conference.
- In relation to response times, the amount of resources that would be required to improve response times to an appropriate life saving level were unachievable, given an improvement for instance of 10 seconds would not benefit the patient, with the more urgent issue being to provide definitive care.
- That work was ongoing on understanding demands on services and demographics.

There followed a request that the West Midlands Ambulance Services NHS Foundation Trust conduct work with Healthwatch, Dudley in order to address the work that was required with those with learning disabilities.

It was noted that the new providers of the 111 Service were working to a 12 month interim contract. Mr Maubach advised of the ongoing discussions being conducted with other Clinical Commissioning Groups in relation to the tender process in order for the establishment of a more permanent contract, the size of the lot and the responsibilities across the service, in order to ensure delivery of the service at a more local level and improve the integration of the 111 Service with other local services.

Mr Maubach also reported that the 111 service call centre staff were protected, as the whole NHS Service ensured that staff were adequately supported and Sandwell and West Birmingham Clinical Commissioning Group (the lead commissioner for the service acting on behalf of all Clinical Commissioning Groups in the region), had intervened in order to protect the services and the staff providing the service. The rules in relation to TUPE were referred to which would operate once the staff were contracted to the new provider, in order to protect their contractual terms and conditions of employment.

It was noted that currently the West Midlands Ambulance Service received payment for each call and ambulance journey, which, in the view of the Trust, was now outdated. Mr Docherty referred to the need to establish a business model that delivered the efficiencies required. The possibility of merging call centres delivering those efficiencies was referred to. Mr Docherty referred to the importance of re-assuring the public that the 111 Service was continuing to be provided.

Resolved

(1) That the information contained in the presentation on the Quality Priorities and 111 Service update, and as reported on at the meeting, be noted.

(2) That the West Midlands Ambulance Service NHS Foundation Trust, be requested to present a report on Performance in view of Access Targets to a future meeting of the Committee.

The meeting ended at 7.55 p.m.

CHAIR

Dudley
Metropolitan Borough Council

Agenda Item No. 6

Meeting of the Health Scrutiny Committee – 19th November 2015

Joint Report of the Chief Executive, Chief Officer Finance and Legal Services and Strategic Director People

Medium Term Financial Strategy

Purpose of Report

1. To consult the Scrutiny Committee on the Medium Term Financial Strategy (MTFS) to 2018/19, with emphasis on those proposals relating to the committee's terms of reference.

2. For this committee the directly relevant items are those relating to the proposed Public Health budget in paragraphs 30 to 31. Members may also wish to consider any of the proposals in terms of their wider impact on health and wellbeing.

Background

3. At its meeting on 28th October, the Cabinet considered a preliminary Medium Term Financial Strategy to 2018/19 for further consultation, including consultation with Scrutiny Committees, in accordance with the Constitution. In framing their responses to these budget proposals, Scrutiny Committees were asked to consider both the spending and funding implications (including the impact on Council Tax) of any observations they may wish to make. Scrutiny Committees are considering these matters between 17th November and 23rd November with an emphasis on proposals falling within the Terms of Reference of each Committee. A verbal summary of their deliberations will be given to the Overview and Scrutiny Management Board on 24th November.

Forecast 2015/16 Position

4. Forecast General Fund revenue spend variances compared with budget are as follows.

5. The new People Directorate has inherited serious spending and performance pressures. The budget for Adult Social Care was set against the background of negotiations between central government, health and local authorities in relation to the Better Care Fund. The impact on Dudley was a reduction of £5m in the baseline funding to the Council compared to the amount that was expected in October of last year. Furthermore, the performance-related element of the Fund was made subject to a challenging target of a 3.5% reduction in non-elective admissions to the acute hospital. This target, which is not fully under the control of the Council, is very unlikely to be met in the current year and as a result there will be a further shortfall of £1.6m. In spite of all efforts and in the face of rising demand for services to the elderly, it has not been possible to identify savings to offset these shortfalls in income. In addition, there are pressures of £3.4m in relation to care packages for physical and learning disabilities and mental health. Taken together, there is a total underlying shortfall on the Adult Social Care budget of £10m.

6. The directorate has identified £3.3m from earmarked reserves and re-allocation of Care Act grant to partly offset this pressure but this is a one-off mitigation for the current year only. (This is in addition to £3.1m use of earmarked reserves in the previous financial year.) Discussions have also been held with the Clinical Commissioning Group (CCG) who have agreed (subject to formal Board approval) a transfer of £2.5m to support the service in the current year. Discussions are ongoing about further support that may be provided in future years and the results of those discussions will be reported to a future meeting of Cabinet. Taking account of these mitigations, the net shortfall on the Adult Social Care budget in the current year is £4.2m.

7. Pressures within Children's Services relate in the main to numbers of district social workers being over the established budget, the costs of transition to the new management structure of the service and the costs of work to improve practice in the light of a review of safeguarding. Some of the costs arising from the review of safeguarding will be ongoing, but action is being taken to bring social worker numbers within the budget. Overall numbers of Looked After Children are now starting to reduce following the rises seen in recent years. The total forecast pressure within the current year is £1.8m.

8. Efforts will continue throughout the year within the People Directorate to bring these shortfalls down but at this stage, based on the current outturn, these are the pressures that are predicted.

9. There is a forecast underspend within the Health and Wellbeing division of £0.2m.

10. Within the Directorate of Place there are pressures of £0.8m mainly related to shortfalls in car parking income and leisure centre income.

11. Directorate budgets include an allowance to meet employer superannuation costs. This is expressed as a percentage of salary costs and is estimated in advance of each financial year. Review at the mid-year point indicates that there will be a surplus of £0.7m over and above the amount required to be paid to the West Midlands Pension Fund and this surplus can be returned to general balances.

12. Full Council on 12th October approved an amended Minimum Revenue Provision (MRP) policy. This is in effect the provision that the Council makes to repay debt on past capital expenditure. Details of the changes were set out in the report to that meeting. The effect in 2015/16 is to reduce the charge to revenue by £14.8m.

13. It is proposed that £5.6m be set aside in the current year to meet the costs of redundancies required to deliver savings for 2016/17. This is an estimate at this stage (see paragraph 32 below) and will be reviewed in future reports to Cabinet.

14. Paragraphs 38 to 39 outline proposals for a transformation programme to address the significant financial challenge that the Council continues to face in coming years. It is proposed that £2m be set aside to fund this programme. This is a prudent estimate at this stage and will be kept under review and any funds that are not required will be returned to general balances in due course.

15. It is proposed that Council be recommended to amend 2015/16 budgets to reflect the above variances

16. In light of the above it is proposed that all senior managers be reminded of the need for strict budgetary control in accordance with the Financial Management Regime and care and caution in managing the budget, particularly in the context of commitments into later years and the impact that any overspending in any one year will have on the availability of resources to meet future budgetary demands.

General Fund Balances

17. The latest forecast General Fund Balances position, compared to the original Approved Budget for 2015/16 is therefore as follows.

	Current Budget £m	**Latest Position £m**
Balance at 31st March 2015	25.0	25.0
Planned use approved by Council in March	-6.5	-6.5
	18.5	**18.5**
Adult Social Care pressures (paras 5-6)	-	-4.2
Children's pressures (para 7)	-	-1.8
Health and Wellbeing under-spend (para 9)	-	+0.2
Place Directorate pressures (para 10)	-	-0.8
Employer's superannuation (para 11)	-	+0.7
MRP Policy change (para 12)	-	+14.8
Redundancy costs (para 13)	-	-5.6
Transformation programme (para 14)	-	-2.0
Forecast balance at 31st March 2016	**18.5**	**19.8**

Medium Term Financial Strategy to 2018/19

18. In updating the Council's Medium Term Financial Strategy, Members will need to consider carefully:

    (a) the levels of Government support allocated to the Council;

    (b) spending pressures, opportunities to free up resources (including savings), and Council Plan priorities;

(c) the implications of spending levels in later years as part of the Council's medium term financial plan;

(d) the views of consultees;

(e) the external factors and risks inherent in the Strategy;

(f) the impact on Council Tax payers.

(g) the potential impacts on people with protected characteristics as defined in the Equality Act 2010. Members will need to have due regard to the public sector equality duty under the Equality Act 2010. (Further details are set out in the Equality Impact section below.)

Government Funding

19. At the time of writing this report, we have not been notified of our Revenue Support Grant (RSG) or other government funding allocations for future years. Provisional figures for 2016/17 (and potentially indicative figures for subsequent years) are expected in December, following the Government's Spending Review on 25th November.

20. We are unable to wait until December to set out budget proposals and to consult with members, the public, staff, unions and other stakeholders on those proposals. This report therefore sets out a forecast of government funding from 2016/17 to 2018/19 as a basis for planning. That forecast is based on the Chancellor's Summer Budget and the implied reductions in funding to unprotected areas which include Local Government. Within this forecast we have assumed that New Homes Bonus will continue, and will increase in line with new home completions.

21. On 5th October the Chancellor announced that the Government would be moving to devolve 100% of Business Rates to councils by 2020. No technical details were provided and it is not clear whether this change will be implemented in one go or phased in over a number of years. However, a HM Treasury press release did state: "These new powers must come with new responsibilities, as well as phasing out the main grant from Whitehall, to ensure the reforms are fiscally neutral." It is therefore proposed to continue with a resource forecast based on the Summer Budget and review this in due course when further details emerge.

Council Tax and Business Rates

22. We have reviewed both of these income streams in the light of underlying trends and expected future developments and this has led to the following changes when compared to previous forecasts:

- An increase in residential new building leading to a cumulative improvement in our Council Tax forecast of £1.9m by 2018/19.
- A worsening trend for business rates, taking into account forecast new building, demolitions, reliefs etc., leading to a cumulative reduction in forecast income of £2.2m by 2018/19.

23. Proposals to amend the Council Tax Reduction (CTR) scheme were considered in a separate report to Cabinet on 28th October. Forecast figures for Council Tax income below are based on the agreed option which is estimated to increase income by around £1m.

24. As the CTR scheme is based on a means-tested calculation, if household income is reduced, CTR is increased (unless already at a maximum level) independently of any changes to the Council's scheme. The government's welfare reforms announcements in the July budget statement could therefore have an impact on the levels of CTR granted. Whilst individual local authorities do not have sufficient data to undertake detailed modelling on the overall impacts of welfare reform, based on predictions by external analysts the cuts to tax credits from April 2016 could increase Dudley's CTR scheme costs by up to £0.5m, which is reflected in our forecasts. The extent as to which tax credit cuts will be offset by the National Living Wage and an increase in employment is impossible to predict.

Integrated Transport Authority Levy

25. We have assumed, based on indications from the Integrated Transport Authority (ITA) that the Levy will reduce by 7.4% over the next three years. This will be reviewed in line with further announcements from the ITA.

Base Budget Forecasts

26. The Base Budget reflects the impact on spending of forecast inflation and other anticipated changes, before directorate spending pressures or savings proposals are taken into account. Details are as follows.

	2016/17 £m	**2017/18 £m**	**2018/19 £m**
2015/16 base	229.4	229.4	229.4
Pay & prices *(note 1)*	2.4	5.6	9.1
Change in MRP Policy *(see para 12)*	-14.4	-15.0	-0.7
Pensions *(note 2)*	1.2	3.3	3.7
National Insurance *(note 3)*	2.1	2.1	2.1
Other adjustments *(note 4)*	0.2	-0.3	-0.4
Base Budget Forecast	**220.9**	**225.1**	**243.2**

Notes:

(1) We are expecting underlying pay awards for local government to continue to be settled at very low levels in the next few years. It is not yet clear how the National Living Wage will impact on local government pay scales, in particular the maintenance of differentials. We have provided 1% each year for underlying increases for the remainder of the MTFS, plus a reasonable allowance for the impact of the National Living Wage. There is provision of 2% each year for general price increases.
(2) Ongoing stepping up of employer contributions following revision of the Local Government pension scheme from April 2014.
(3) Ending of "contracting out" on introduction of Single Tier State Pension from April 2016.
(4) Impact of Capital Programme and treasury management changes, and other minor adjustments.

Spending Pressures

27. Spending pressures provided for are as follows. These are detailed in Appendix A.

	2016/17 £m	2017/18 £m	2018/19 £m
People	17.1	20.0	22.9
Place	0.7	0.9	1.0
Resources and Transformation	0.5	0.6	0.6
Total	**18.3**	**21.5**	**24.5**

28. The pressures for the People Directorate set out above include estimated pressures of £4.1m in 2016/17, rising to £6.4m in 2017/18 and £8.8m in 2018/19 resulting from the introduction of the National Living Wage and its impact on social care providers. There is no indication at present that this will be funded by central government.

Savings

29. Cabinet on 25th June noted the creation of eight Budget Challenge Teams of cabinet members (one for each Chief Officer). These teams have met on a number of occasions over the summer to examine all areas of the budget. As a result, the following saving proposals have been identified as the basis for scrutiny and consultation. Details are set out in Appendix B.

	2016/17 £m	2017/18 £m	2018/19 £m
People	4.9	12.1	12.5
Place	1.2	2.3	4.0
Resources and Transformation	2.0	3.0	3.1
Total	**8.1**	**17.4**	**19.6**

Public Health

30. The Council's original Public Health Grant allocation in the current year was £21.4m. Following the Government's stated intention to reduce national allocations by £200m in year, we are currently awaiting the outcome of consultation on the options for allocating this reduction between authorities. We are expecting the 2016/17 grant allocation to be announced in December.

31. Savings proposals in respect of grant funded activities are set out in Appendix B. Proposals for the overall deployment of the 2016/17 funding will be brought back to Cabinet for consideration in due course. Subject to the funding available, opportunities will be sought to use the Public Health Grant to support the wider health improvement priorities of the Council.

Human Resource Implications

32. Redundancy costs required to achieve the proposed savings, including those relating to pension strain, are dependent on the proportion of savings to be met from staffing reductions and the age and length of service of the individuals being made redundant, and therefore cannot be precisely calculated at this stage. In addition to provision of £5.6m in the current year (see para 13) a further £5.1m has been provided for in 2016/17 and £1.1m in 2017/18. These are estimates based on previous trends and will be reviewed as the redundancy process moves forward.[1]

33. It is proposed to recommend to Council (consistent with previous arrangements):
- the delegation for approval of voluntary redundancies to the Cabinet Member for Corporate and Customer Services and the Strategic Director of Resources and Transformation;
- the delegation for approval of compulsory redundancies to the Cabinet Member for Corporate and Customer Services and the Chief Officer (Corporate and Customer Services);

up to a maximum of £11.8m (as provided for in the budget forecasts) for direct redundancy costs and the capitalised cost of pension strain in respect of redundancies.

[1] The Government has announced its intention to introduce a limit of £95,000 on the cost of all public sector severances. The precise details and timing of these changes are still to be confirmed.

Medium Term Financial Strategy

34. The MTFS reflecting the revised spending proposals set out above, and forecasts of likely resource availability can be summarised as follows.

	2016/17 £m	2017/18 £m	2018/19 £m
Base Budget Forecast - see para 26	220.9	225.1	243.2
Pressures - see para 27	18.3	21.5	24.5
Savings - see para 29	-8.1	-17.4	-19.6
Redundancy costs - see para 32	5.1	1.1	-
Total Service Spend	**236.2**	**230.3**	**248.1**
Revenue Support Grant (RSG)	44.9	33.7	18.3
Retained Business Rates	46.7	47.1	48.0
Top-Up Grant	15.3	15.7	16.1
Business Rate Grant	0.9	1.0	0.9
New Homes Bonus	5.3	5.8	6.2
New Homes Bonus Adjustment Grant	0.2	0.2	0.2
Council Tax Freeze Grant	1.2	1.2	1.2
Collection Fund Surplus – Council Tax	1.6	0.0	0.0
Collection Fund Deficit – Business Rates	-1.8	-0.7	0.0
Council Tax	100.5	103.5	106.6
Total Resources	**214.8**	**207.5**	**197.5**
Deficit funded from Balances	**21.4**	**22.8**	**50.6**
Balances brought forward	19.8	n/a	n/a
Balances carried forward	**n/a**	**n/a**	**n/a**

35. The table above assumes, that Council Tax increases by just under 2% for each year of the MTFS.

36. Based on the resource forecasts, pressures and savings proposals set out above, balances will be insufficient to fund the deficit even until the end of 2016/17. In order to remedy this position, to set a lawful budget and to ensure prudent balances are carried into 2017/18, the following immediate actions are proposed:

- All directorates will further review budgets to identify additional savings that can be implemented from 2016/17.

- The Chief Executive and Strategic Directors will implement central control over recruitment so as to ensure that permanent external appointments are only made where they are the most economic option and are essential to the running of services.

- The Chief Executive and Strategic Directors will issue guidance to managers and review procurement cards and authorisation levels so as to improve control over non-essential expenditure.

- The Chief Executive and the Strategic Director for Resources and Transformation will commence a review of the Council's redundancy scheme, subject to consultation with the unions, and report back to a future meeting of Cabinet.

- The Chief Executive and Strategic Director of Resources and Transformation will review car mileage rates subject to consultation with unions and report back to a future meeting of Cabinet.

- An additional meeting of Cabinet will be scheduled for 14th January 2016 to consider a further report on the budget for 2016/17 and the MTFS.

- There will be further consideration of the budget for 2016/17 and MTFS by Scrutiny Committees after the Cabinet meeting on 14th January 2016.

37. At the same time as addressing the immediate challenge for 2016/17, action is required to address the forecast deficit of over £22m in 2017/18 rising to over £50m in 2018/19. It is recognised that if the Council continues to operate in the same way it simply will not be able to achieve this level of further savings and therefore a more radical approach to transforming service delivery is required.

38. Three interlinked areas of transformation are proposed:

- Firstly, savings will be found by reducing the cost of how the authority does its business across all departments. This will include maximising the benefits of digital technology by increasing customer and staff self service by investing in a new digital platform and improved website as well as implementing smarter working practices to remove unnecessary administrative overheads and maximising paperless working.

- Secondly, the authority's work as a community council will go to another level with the creation of a community resilience transformation programme. This will involve establishing new multi-agency hubs covering a range of services, groups and partners to create sustainable and affordable ways of working with children, families and adults in our community. Services such as children's support, children's centres, housing services, community safety as well as police, fire and third sector services could all be provided at the hubs. Hubs located in different townships across the borough will provide a focal point for residents and local councillors to work together to increase independence and improve their neighbourhoods whilst generating a lower cost base with lower revenue costs.

- Thirdly, to make the community hubs a reality, a public estate workstream will be undertaken to identify appropriate hub locations from the range of properties owned by the council and public sector partners across the borough. Appropriate hub locations will be found in the heart of communities, which will then allow surplus council-owned land to be released for development to maximise capital receipts and increase council tax and business rate income and create economic growth.

This transformation will be a redesign of everything the Council does to ensure a fit with the budget available.

39. This transformation will require some invest to save resources to bring in some expertise to build the skills and capacity of the corporate transformation team, to work with a strategic partner to do the radical redesign work that the transformation envisages and to provide investment in a new digital platform. This report therefore proposes (see paragraph 14) to set aside £2m for an invest to save scheme.

Estimates, Assumptions & Risk Analysis

40. The proposals in this report are based on a number of estimates, assumptions and professional judgements, which are subject to continuous review. These may lead to further increases in expenditure and, therefore, the need to identify alternative funding sources, and include:

(a) Revenue Support Grant for 2016/17 – 2018/19 is in line with current forecasts. It should be noted that these forecasts in particular remain highly uncertain;

(b) income from Business Rates (net of appeals etc.) will be in line with current forecasts;

(c) the cost of Council Tax Reduction awarded will not substantially exceed forecasts, and the tax base will continue to grow as anticipated;

(d) New Homes Bonus funding for future years increases in line with new home completions;

(e) Unequal Pay Back Pay costs are no more than estimated;

(f) general levels of inflation, pay and interest rates do not vary materially from current forecasts;

(g) income and expenditure relating to treasury management activity, including airport dividend income, are in line with forecasts;

(h) the impact of schools transferring to academy status can be managed within existing Directorate budgets;

(i) there will be no other unplanned expenditure (including any resulting from demographic pressures) or shortfalls in income, which cannot be met from reserves;

(j) there will be no changes to government policy on Council Tax increases.

Consultation

41. Following the high profile and extensive consultations held over the previous three years a significant number of residents are now subscribed to the council's e-bulletin service. To minimise costs, last year's consultation was carried out predominantly online through the e-bulletin service, website and social media and it received a total of 6,000 responses which was more than any budget consultation in the authority's history. The proposal for this year's consultation is to again utilise the successful online channels of the e-bulletin, internet and social media. We will again also make hard copy, printed versions available in borough libraries and Dudley Council Plus through a consultation which will run through November, December and January.

42. Detailed consultation will also be undertaken with groups identified as being potentially affected by the specific savings proposals, with a particular emphasis on equalities issues. Further information is set out in the Equality Impact section below. Unions will be consulted in the context of the redundancy.

43. A consultation document will be distributed to representatives of Non-Domestic Ratepayers setting out the provisional budget proposals in this report. Consultees will be offered the opportunity for a meeting to be held if there is sufficient interest. Further detailed information (as required in pursuance of the statutory duty to consult) will be distributed in February for comment before the Council Tax setting meeting.

44. In accordance with the Council's Constitution, Scrutiny Committees are being asked to consider the issues set out in this report and any related specific issues relevant to their Council Plan and service responsibilities. For this committee the directly relevant items are those relating to Public Health in paragraphs 30 to 31. Members may also wish to consider any of the proposals in terms of their wider impact on health and wellbeing. The Strategic Director (People), as well as representatives of all directorates, will be available at the meeting to address any queries. In framing their responses, the Scrutiny Committees are being asked to consider both the spending and funding implications (including the impact on Council Tax) of any observations they may wish to make.

Finance

45. This report is financial in nature and relevant information is contained within the body of the report.

Law

46. The Council's budget setting process is governed by the Local Government Finance Acts 1988 and 1992, and 2012 and the Local Government Act 2003.

47. The Local Government Act 2003 requires the Chief Financial Officer to report on the robustness of estimates made for the purpose of final budget calculations, and the adequacy of the proposed financial reserves and this will be included in the final budget report.

48. The Localism Act 2011 introduced a new chapter into the Local Government Finance Act 1992 making provision for council tax referendums to be held if an authority increases its council tax by an amount exceeding principles determined by the Secretary of State and agreed by the House of Commons.

Equality Impact

49. Section 149 of the Equality Act 2010 - the general public sector equality duty - requires public authorities, including the Council, to have due regard to the need to:

- eliminate discrimination, harassment and victimisation and other conduct that is prohibited by the Act;

- advance equality of opportunity between people who share a protected characteristic and those who don't;
- foster good relations between people who share a protected characteristic and those who don't.

50. Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

51. The legislation states that "the steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities." In practice, this means that reasonable adjustments should be made for disabled people so that they can access a service or fulfil employment duties, or perhaps a choice of an additional service for disabled people is offered as an alternative to a mainstream service.

52. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- tackle prejudice, and
- promote understanding.

53. Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

The duty covers the protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

54. An initial assessment of the budget proposals has been made. Where proposals are likely to have a significant equality impact, they will undergo an equality impact assessment informed by consultation with the protected groups who may be adversely affected, during the autumn. The results of this process and any steps which emerge that might help to mitigate any potential impact of the budget proposals on the protected groups will be reported to Members so that they can pay due regard to the Public Sector Equality Duty in making decisions on the budget. In making decisions on budget proposals, Members will need to weigh the Public Sector Equality Duty against the forecast financial position, risks and uncertainties set out in this report.

55. With regard to Children and Young People, a substantial element of the proposed budget for the People Directorate will be spent on maintaining and improving services for children and young people. The expenditure of other Directorates' budgets will also have a significant impact on this group.

Recommendations

56. That the Committee considers the Cabinet's proposals for the Medium Term Financial Strategy to 2018/19, taking into account the considerations set out in paragraph 44.

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Sarah Norman
Chief Executive

Iain Newman
Chief Officer, Finance and Legal Services

.....

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List of Background Papers
Budget and Council Tax setting 2015/16 report to Council, 2nd March 2015
Revenue Outturn 2014/15 report to Cabinet, 25th June 2015
Report to Cabinet 28th October 2015

Appendix A

Spending Pressures

People	**2016/17**	**2017/18**	**2018/19**
	£'000	**£'000**	**£'000**
Outcomes from Safeguarding Children Services Audit	797	797	797
Spend to Save Initiative: District Social Worker peripatetic pool to cover maternity and turnover thus avoiding the engagement of Agency Staff Social Workers.	225	225	225
Spend to save Initiative: Invest in Children's Services to support the development of the Dudley Safeguarding and Early Help model.	250	250	250
Non-delivery of the Better Care Fund performance element	1,620	1,620	1,620
Existing Service Pressures - Assessment and Independence	5,000	5,000	5,000
Existing Service Pressures - Complex and Inclusion and Mental Health	3,400	3,400	3,400
Pressures around increased Safeguarding and Deprivation of Liberty standards (DOLS) activity	160	160	160
Increased costs of care for Older people as a result of demographic pressures of people living longer. (dementia)	539	1,078	1,617
Learning disability transition cases	1,005	1,005	1,005
National Living Wage residential care providers	2,668	4,076	5,451
National Living Wage care at home providers	1,229	2,048	2,867
National Living Wage direct payments	155	310	465
Total	**17,048**	**19,969**	**22,857**

Place	2016/17	2017/18	2018/19
	£'000	£'000	£'000
Shortfall of Pay & Display income due to reduction in parking spaces without commensurate reduction in income target	250	250	250
Increase in free spaces & reduction in season permit holders.	100	100	100
Not converting free car parks to Pay & Display per agreed policy	150	150	150
Dudley Market Place cleansing (growth)	50	50	50
Leisure Centres income shortfall	100	100	100
Waste disposal - higher costs at recycling site and landfill tax, from 2017 when current contract is due for renewal	91	272	333
Total	**741**	**922**	**983**

Resources and Transformation	2016/17	2017/18	2018/19
	£'000	£'000	£'000
Corporate Transformation Restructure	158	158	158
Legal Services additional support for Looked After Children	100	100	100
Assumed maximum reduction in DWP Benefits Admin Grant based on previous trends.	175	175	175
Impact of National Living Wage on outsourced Cleaning Contract for Admin Buildings	49	80	120
Subscription to Black Country Consortium	50	50	50
Total	**532**	**563**	**603**

Appendix B

Proposed Savings

People	2016/17	2017/18	2018/19
	£'000	£'000	£'000
Generate additional surplus traded service income.	39	100	100
Service efficiencies in respect of the Educational Psychology service.	0	24	24
Restructure the integrated youth support service.	130	330	330
Realign the voluntary and community sector commissioning budget.	40	80	80
Options will be explored for Dudley Performing Arts (DPA) service to become 100% financially sustainable by 2016/17, through traded service income, grants, partner contributions and trust status.	170	170	170
Establish savings through an integrated service approach to the Whole Life Disability service to be achieved as part of the People Services Directorate revised structure from 2015.	5	75	75
Smarten the commissioning arrangements in the People Services Directorate.	133	223	223
Redesign the Education Services division to achieve efficiencies and improve outcomes.	110	156	156
Integrate service arrangements for the Teenage Pregnancy programme with Social Care and Public Health.	0	134	134
Develop a more integrated approach for children and young people in the area of safeguarding and early help to include Children Centres.	137	1,401	1,401
Redesign the early help offer for Dudley to prevent children escalating to becoming looked after.	0	2,000	2,000
Alignment of contract prices at New Bradley Hall with market conditions.	0	0	354
Maintain reablement service capacity and delivery via alternative business model.	500	500	500
Commission alternative model to current Employment plus arrangements.	239	239	239
Reprovision of long term residential care and reablement at Russell Court	500	1,000	1,000

People	2016/17	2017/18	2018/19
	£'000	£'000	£'000
Review the scope, capacity and efficiency of the Dementia Gateway service.	443	886	886
Review efficiency, effectiveness and investment in supporting people and voluntary sector commissioned services.	1,500	3,000	3,000
Removal of grant funding for Centre for Equality and Diversity (CFED)	20	40	40
Redesign and integrate the service delivery model for Environmental Health and Trading Services.	0	137	137
Recommissioning of the Substance Misuse service in light of tendering process.	115	115	115
Creation of a Library Archives and Adult Learning mutual	811	1,526	1,526
Total	**4,892**	**12,136**	**12,490**

People - Savings from Public Health Grant	2016/17	2017/18	2018/19
	£'000	£'000	£'000
Restructure of Public Health management and staffing posts	632	650	650
Review investment efficiencies in Public Health commissioning arrangements.	1,045	1,950	1,964
Total	**1,677**	**2,600**	**2,614**

Place	2016/17 £000	2017/18 £000	2018/19 £000
Directorate efficiencies - Reviewing staffing requirements and income generation targets subsequent to service review	20	222	222
Deliver value for money services by ensuring that high priority green areas are effectively maintained while reducing / stopping maintenance of low priority areas and reducing maintenance of ornamental lawns. Encouraging greater participation by communities in maintenance of green areas as a means of achieving civic pride and community commitment. Seek sponsorship in order to carry out planting programmes. Withdrawing support for 'Green Flag' and 'in bloom' submissions with community / voluntary sector taking the lead in future.	166	265	265
Reviewing street cleansing operations in order to maximise the efficiency and effectiveness of the service by focussing activity in areas affected by litter	55	55	55
Closure of public conveniences based upon use and condition	0	25	25
Ensure that HRA contribution to General Fund services is appropriate by reviewing contribution towards development of cross tenure housing strategy policy and team and rationalise grant assistance to CAB while maintaining cross tenure housing advice service	39	64	64
Review of events programme and associated land and building assets in order to deliver self financing service by 2019	70	125	461
Review use of halls borough wide in order to achieve self financing status. Closure of Dudley Museum with collection transferred to alternative premises for permanent display. Review opening hours at Red House . Engage with Hotel provider regarding the potential for provision at Ward House in order to support events at Himley Hall	20	190	764
Review current operation of street lighting in order to maximise efficiency of repairs service and utilising dimming technology / turning off street lights in identified low risk areas in order to reduce energy costs	150	250	250

Place	**2016/17 £000**	**2017/18 £000**	**2018/19 £000**
Ensuring efficient highway maintenance service by streamlining pothole repair process and focussing carriageway re-surfacing on strategic highway network	135	155	445
Undertake review of current winter service provision in order to ensure key strategic routes are treated as required while ensuring best value is delivered in provision of the service. Number of gritting vehicles and provision of grit bins to be rationalised	20	75	125
Commence review of policies related to parking charges and exemptions culminating in a strategic review of parking services in order to ensure that parking provision and enforcement facilitates and encourages access to key retail / economic centres across the borough	35	45	295
Review criteria for provision of dog / litter bins and signage	20	20	20
Private Sector Housing - Home Improvement staffing efficiencies	280	280	280
Introduction of Road Safety Traded Service to charge for Road Safety and Cycling Proficiency schemes	0	30	30
Charging Academy Schools for School Crossing Patrols & review of deployment criteria.	0	20	40
Maximising efficiency in Bereavement Service. Review charging policy and implement a package of measures in order to maximise take up of the service while providing high quality bereavement services across the borough	256	466	712
Total	**1,266**	**2,287**	**4,053**

Resources and Transformation	**2016/17**	**2017/18**	**2018/19**
	£'000	**£'000**	**£'000**
Financial Services – Savings will be delivered following a review of processes so the service focuses on strategic financial management and reduces non-core and transactional activity. Efficiencies will be delivered following the formation of Financial Services which now includes Revenues Exchequer Services and Procurement, Creditor Services and Contract Management.	55	190	190
Elections - reduction in running expenses	30	30	30
Democratic Services and Legal Admin - staff savings from process and service redesign.	101	101	101
Audit Services - staff savings through rationalisation of audit work in line with key risks.	0	32	32
ICT – reductions in staffing, software and hardware costs made possible by increased automation and self-service, stream-lining of processes, server virtualisation, use of open source software, reduced maintenance following investment in infrastructure and further consolidation including pursuit of shared service opportunities.	357	582	590
Reorganisation of the Health and Safety function.	123	123	123
Corporate & Customer Services - review of senior management structure and other staff roles/responsibilities within the Division	404	404	404
HR Services - Staffing savings together with some reduction in general service overheads following service review, to focus on strategic HR business partnering, and further reductions in non-core and transactional activities. Efficiencies will be delivered following implementation of a new HR/Payroll system alongside an increase in employee/manager self service.	69	274	379
HR Services - Increased scope for income from traded services across HR operation.	30	50	50
Corporate Landlord Services - New income will be generated from new design work arising from identifying and realising opportunities from the creation of a new estate strategy. £100k additional income will be generated from 17/18 by increasing traded service to schools.	75	175	175

Resources and Transformation	**2016/17**	**2017/18**	**2018/19**
	£'000	**£'000**	**£'000**
Savings will come from redefining and reducing the number of existing property roles in the new Corporate Landlord Service. Review caretakers roles including Priory Hall. Saltwells Education Development Centre to achieve 5% efficiency savings	363	375	375
Reduce opening times at Dudley Council Plus	40	40	40
Higher than anticipated recovery costs income, and proposed increase in Council Tax court summons costs by £5 per summons	75	75	75
Local Welfare Assistance - explore alternative delivery models, predominantly via Voluntary Sector	100	200	200
Communications and Public Affairs restructure of service	163	227	227
Reduce grant to Dudley Zoo	0	100	100
Total	**1,985**	**2,978**	**3,091**

Health Scrutiny Committee – 19th November, 2015

Report of the Chief Officer Health and Wellbeing (Director of Public Health)

Excess Winter Deaths

1.0 Purpose of Report

1.1 This report provides an update on Excess Winter Deaths (EWD) in Dudley, following a previous briefing presented to the Health Scrutiny committee in 2012, due to EWD being identified as an issue in that years Health Profile of the borough published by Department of Health.

2.0 Background

2.1 EWD are the extra deaths that occur in the 4 months of winter compared with the 8 non-winter months, expressed as a percentage. The winter months are December to March, and the non-winter months are August to November (prior to the winter) and April to July (following the winter period).

2.2 The EWD measure allows comparisons to be made between different geographies, and indicates the extent to which there are higher than expected deaths in the winter compared with the rest of the year.

2.3 There are estimated to be around 30,000 extra deaths in the winter each year in England. Death rates in England and Wales increase more in winter than in other European countries with colder climates, suggesting that factors other than colder temperatures contribute to excess winter deaths.

2.4 The Dudley Health Profile (Department of Health, 2014) shows that EWD in Dudley are now statistically similar to England (Aug 2012-Jul 2013 16.7 and 20.1 respectively). Furthermore, in the last two years Dudley has narrowed the gap in EWD relative to England and is now in line with its neighbouring Local Authorities.

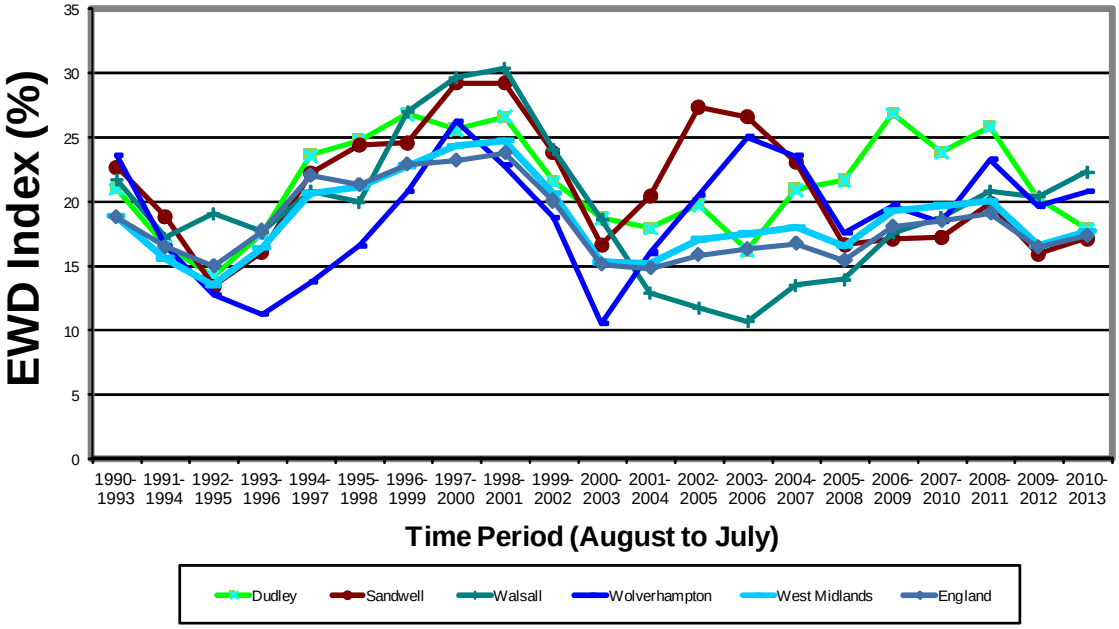
2.5 The national picture for EWD has recently been reported by the West Midlands Public Health Observatory. The trend for Dudley is shown in figure 1 below together with trends for neighbouring Black Country Authorities and the trend for England.

2.6 EWD have varied over the time period for all Black Country Authorities and England, with an increasing trend in the 1990s and then declining in the first

part of the 2000s. EWD have not differed over the time period between England and the West Midlands region. Sandwell, Walsall and Dudley have consistently had EWD above England's until early 2000, when Walsall has shown a rapid improvement. Dudley is now in line with the rest of the Black Country local authorities, England and the West midlands.

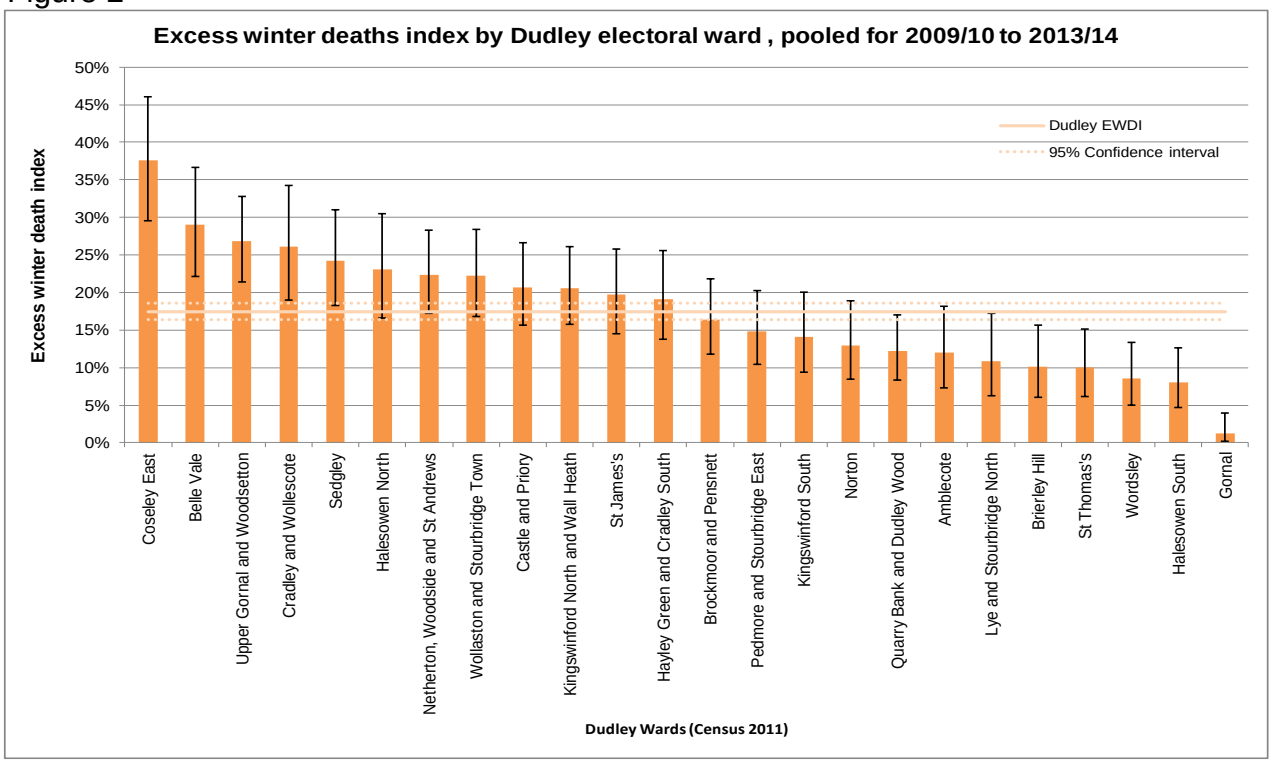
Figure 1

Excess Winter Death Index Trend 1990 to 2013 (3 years combined) for England and the West Midlands



2.7 Inequalities in EWD are also evident across the electoral wards in Dudley, although they do not follow the usual patterns for other health inequalities. Coseley East, Belle Vale and Upper Gornal and Woodsetton wards have the highest EWD whereas Gornal, Halesowen South and Wordsley have low indices (see figure 2 below).

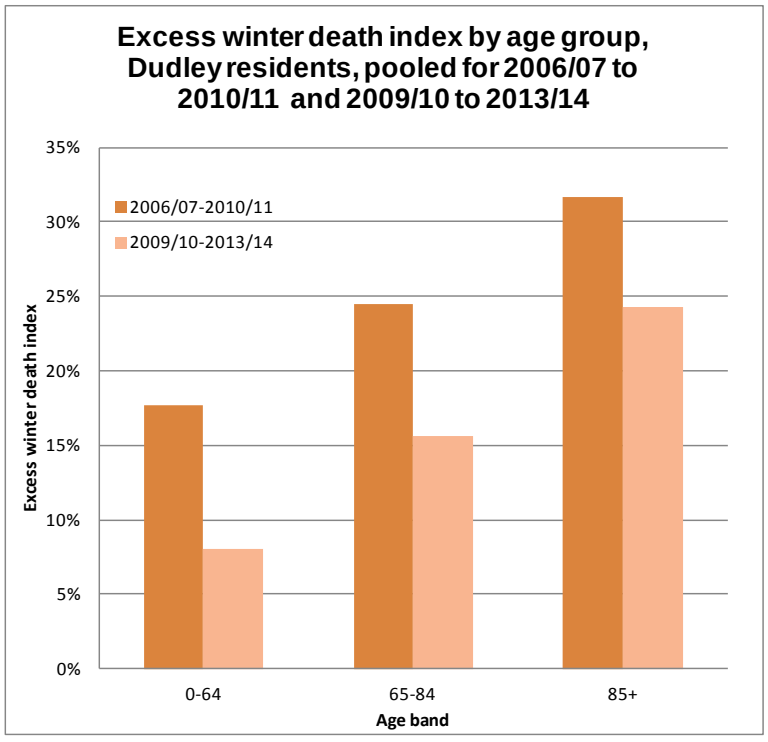
Figure 2



Source: Office of National Statistics Public Health Mortality Files

2.8 EWD vary by broad age of death, being considerably higher in the 65-84 and 85+ age bands. There has been a decrease in the level of EWD across all age bands in the recent time period as shown in figure 3.

Figure 3

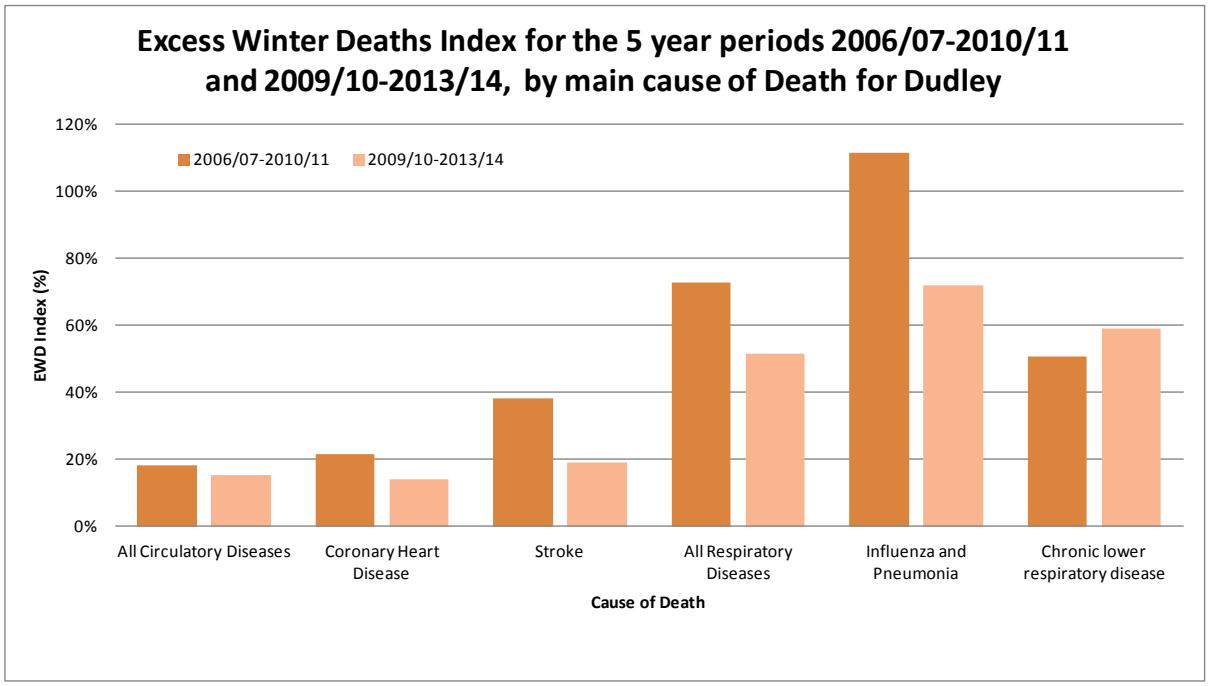


Source: Office of National Statistics Public Health Mortality Files

Trends in EWD in Dudley by age band shows the greatest variation in people aged between 65-84. When death data for the 85+ age group is plotted against temperature there is not a strong correlation between increased death rates and mean winter temperature, which suggests that factors other than external temperature also contribute to EWD in this older age group.

2.9. EWD by main cause of death is shown in figure 4 below. The most significant contributory cause of EWD in Dudley was all respiratory diseases, particularly influenza and pneumonia (pneumonia accounts for the majority of these deaths).

Figure 4



Source: Office of National Statistics Public Health Mortality Files

Between 2009 and 2014 there were on average an extra 179 deaths per year in Dudley in the winter months and almost 105 of these were as a result of cardiovascular or respiratory disease. Influenza accounted for only 1 death across the whole period (non-winter) and hypothermia for 3 deaths across the whole period (one in winter). There was an average of 25.5 excess deaths per year from pneumonia.

3.0 Reasons for Excess Winter Deaths

3.1 The impact of cold weather on health is well recognised; since 2011 an annual 'Cold Weather Plan' for England has been published to help raise awareness of the harm to health from cold, and provide guidance on how to prepare for and respond to cold weather.

3.2 The majority of EWD each winter are due to exacerbations of heart and lung

disease caused by cold temperatures rather than hypothermia. The reasons more people die in winter are complex and can be attributed to inadequate heating and poorly insulated housing, fuel poverty as well as circulating infectious diseases, particularly flu and norovirus, and the extent of snow and ice. (A household is defined as being in fuel poverty when the fuel costs for the household are above the national average and when the remaining income after spending the required amount on fuel is below the official poverty line.)

3.3 It is now clear that in an average winter, most of the health burden attributable o cold occurs at relatively moderate average outdoor temperatures (from 4-8°C depending on region). This is why we must ensure our responses include year round plans as well as those specifically in preparation for winter . weather.

3.4 The Cold Weather Plan is complemented by new NICE Guidance on measures to reduce excess winter deaths and the increased incidence of illness in the winter and to reduce the health risks associated with cold homes. Both documents offer strategic and practical recommendations to support vulnerable people who have health, housing or economic circumstances that increase their risk of harm. In this guidance the term vulnerable refers to a number of groups including:

- people with heart disease
- people with respiratory diseases (including chronic obstructive pulmonary disease and asthma)
- people with mental health problems
- people with disabilities
- older people (65 and older)
- households with young children (from new-born to school age)
- pregnant women
- people on a low income.

3.5 To inform and encourage action, the Public Health Outcomes Framework, first published in January 2012, includes indicators to reduce excess winter deaths and address fuel poverty. Strong local leadership and partnership working at all levels across sectors is therefore vital to tackle the range of causes and reduce the number of ‘excess’ deaths that are observed each winter.

4.0 Dudley Initiatives to Address EWD

4.1 Since the report presented in January 2012, a robust approach to excess winter deaths has been implemented in Dudley which responded to many of the recommendations for further action which were made by Health Scrutiny Committee. These include:

4.2 Annual ‘Cold Weather Plan’ meetings are in place to ensure co-ordinated arrangements for planning and responding to cold weather are in place across public, independent and voluntary sector health and social care organisations throughout the year. This has helped to improve the previously fragmented approach.

4.3 A powerful annual winter warmth campain targeted at the public and those that work with people vulnerable to cold homes is in place which makes the links between living in a cold home people's impact on health and wellbeing.

4.4 A single point of contact for all winter warmth and energy efficiency related enquiries, through Dudley Council's Home Improvement Service has been introduced. This has demonstrated considerable benefits in relation to coordinating advice and support across agencies, and making it easier for professionals to make referrals. Since April 2012 this has resulted in:

- 2,374 enquiries and 1,860 home visits, tailored to the specific needs of each household. The majority of households had at least one resident with an illness/ disability that was adversely affected by living in a cold home
- 1,201 energy efficiency measures installed, including new boilers, draught proofing, radiator reflector panels and external wall insulation
- £116,907 gained for residents through unclaimed Warm Homes Discount, switching of fuel suppliers and goodwill gestures from fuel suppliers. An additional £50,073 of potential savings will be realised if 197 households decide to switch based on their comparisons
- 2,225 professionals and 2,211 residents have been engaged in awareness raising presentations, workshops or discussions. The professionals engaged have been predominantly working in health and social care
- 5,000 landlords have been targeted through a mail shot to try and improve standards of privately rented properties. So far this has resulted in 200 referrals for loft and cavity wall insulation and 100 referrals for ECO (Energy Company Obligation) boilers
- Service evaluations demonstrate excellent feedback from professionals and from residents with 70% of professionals reporting a noticeable improvement in their clients comfort, health or wellbeing following a referral to the service. 96% of residents surveyed said they would recommend the service to their family, friends and colleagues.

4.5 Maximising uptake of Flu and pneumococcal immunisation is a recommended measured to reduce EWD. The table below (figure 5) shows uptake of flu immunisation for 2013/14 and 14/15. Dudley has the highest uptake rate in the NHS England Area Team for all groups and is also consistently higher than the average for England. The pneumococcal vaccine which is available to people aged 65 and over had an uptake of 67.8% for 2011/12 and 69.4% for 2012/13, remaining fairly static over time.

Figure 5

Organisation/ Area	Year	Return Rate	Summary of Flu Vaccine Uptake %					
			65 and over	Under 65 (at risk only)	All Pregnant Women	All aged 2	All aged 3	All aged 4
England	2013/14	99.8%	73.2%	52.3%	39.8%	42.6%	39.5%	
	2014/15	**99.7%**	**72.8%**	**50.3%**	**44.1%**	**38.5%**	**41.3%**	**32.9%**
Birmingham, Solihull and the Black Country Area Team	2013/14	**100%**	**71.3%**	**50.9%**	**39.0%**	**36.2%**	**33.8%**	
	2014/15	**99.8%**	**71.1%**	**50.3%**	**43.6%**	**34.0%**	**36.6%**	**27.6%**
NHS Dudley CCG	2013/14	100%	72.9%	52.9%	46.4%	42.2%	39.3%	
	2014/15	**100%**	**72.5%**	**52.9%**	**46.1%**	**43.9%**	**46.0%**	**36.3%**

4.6 In 2012 the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the annual flu vaccination programme should be extended to include all children aged from 2 years up to 17 years of age. The phased introduction of this extension began in 2013 within it being offered to all 2 and 3 year old children and those aged 4 to 10 years in geographical pilot areas. In the 2014/15 flu season, the vaccine was offered to all children aged 2, 3 and 4 years. Pilots also continued in both primary and secondary schools. For the 2015/16 flu season, the vaccine is being offered to all children aged 2, 3 and 4 years old on 31st August 2015 and to all children in school years 1 and 2. Vaccinating children each year offers them protection, but also reduces the transmission of flu across all age groups leading to reduced levels of flu disease and also a reduction in the burden of flu across the whole population

4.7 In April 2013, the responsibility for the commissioning of immunisation services transferred to NHS England. To support the smooth transition to the new arrangement, The Dudley public health immunisation team continued to undertake some duties in support of providers and NHS England Birmingham, Solihull and Black Country (BS & BC). However, with reduced resources, from the 1st September 2015 advice, support, updates and investigation of incidents has transferred to NHS England.

4.8 Legislation recommends that staff working in social care settings with vulnerable groups, should be vaccinated against influenza. Long standing evidence points to the socio-economic benefits of such an approach not only to those we serve, but to Dudley Metropolitan Borough Council as an organisation in reducing the risks to business continuity. Therefore, a programme of flu vaccination using a voucher scheme has been launched for People Direcorate staff who provide direct personal care to the public. Using supporting guidance and promotional materials, managers have identified those staff within the organisation who provide direct care to these vulnerable groups and are currently distributing vouchers to staff, for them to redeem at major pharmacies.

4.9 In addition Dudley MBC commissioners of adult social care, for the first time, are requesting that providers comply with guidance and offer vaccination to their frontline staff through the contracting process. By taking this approach we hope to reduce the risk to those most at risk from the ill effects of influenza.

4.10 Work is also ongoing to promote the uptake of flu vaccinations for front-line staff in Dudley Group of Hospitals NHS Trust and GP staff to improve uptake among healthcare workers. Promotional materials have also been distributed which are aimed at both in-patients and out-patients who have long-term conditions and pregnant women.

4.11 Promotional materials have also been distributed to local opticians and pharmacies, and local authority buildings to promote flu uptake. This year Public Health England (PHE) have commissioned some Pharmacists to offer flu vaccination to extra groups this year. This action offers more choice to patients which may lead to an increase in uptake.

5.0 Further Action

5.1 Good practice identified in the Cold Weather Plan should continue to be adhered to and particular attention should be given to the cascade of Cold Weather Alerts. Within Dudley Council we need to be satisfied that the distribution of Cold Weather Alerts will reach those that need to take action in a timely manner and that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place and their professional judgements.

5.2 An audit against the NICE Guidance for reducing Excess Winter Deaths should be completed and an action plan developed to address any gaps. This is likely to include work to:

- ensure the Joint Strategic Needs Assessment includes a focus on the health consequences of living in a cold home, and development of a cross-sector strategy to address the health consequences of cold homes
- develop a more collaborative and systematic way of identifying people at risk of ill health from living in a cold home. Data sharing issues will need to be addressed to ensure that people's records are used (with their consent) to assess their risk and take action, if necessary;
- train and support front line professionals to make every contact count by assessing the heating needs of people whose homes may be too cold;
- ensure vulnerable people are not discharged to a cold home, and ensure that any heating issues are resolved in a timely manner, so as not to delay discharge from hospital;
- continue raising awareness amongst practitioners and the public about how to keep warm at home.

5.3 A targeted, systematic and scaled-up programme is required to achieve a sustained reduction in EWD. Success will depend on good partnership and effective joint commissioning and joint provision of health, social care and housing services.

6.0 Finance

6.1 The £120,000 of funding received from Department of Health in 2011 through the 'Warm Homes Healthy People Fund' supported the initial set up of the winter warmth service. Early success was exploited to ensure a regular income of successive funding through applications to Department of Health (DH), Department of Energy and Climate Change (DECC), Foundations Independent Living Trust, a range of energy providers, National Energy Action (NEA), the Energy Company Obligation (ECO) and various charities.

6.2 In total an additional £791,502 of external funding has been brought into the local authority to progress work around this agenda.

7.0 Law

7.1 The Care Act 2014 requires that the suitability of accommodation is considered in assessing wellbeing. The statutory guidance accompanying the Act describes suitable accommodation as all places where people live, and that this will be safe, healthy and suitable for the needs of a person. A healthy home would be dry, warm and insulated. Housing is also identified as a crucial health-related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered.

7.2 The Act states that the best way to promote someone's wellbeing will be through preventative measures that allow people to live as independently as possible for as long as possible. In light of the evidence of the impact on health and wellbeing of living in cold and damp homes, the Act suggests local authorities may wish to consider the opportunities to prevent the escalation of health and care and support needs through the delivery or facilitation of affordable warmth measures to help achieve health and wellbeing outcomes.

7.3 For all of these reasons, it is recommended that long-term, year-round planning and commissioning to reduce cold-related harm both within and outside the home is considered core business by health and wellbeing boards and included in joint strategic needs assessments.

8.0 Equality Impact

8.1 Equality issues have been considered in the report. EWD are not wholly related to inequalities in deprivation but is related to age and pre-existing respiratory illness. Females have also been shown to be more vulnerable.

9.0 Recommendation

9.1 Members are asked to

i. Note the report

proposed

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Stroke Services Reconfiguration

Working in collaboration with Birmingham, Sandwell, Solihull and Black Country CCGs and Providers

November 2015

Background

2008 **National Stroke Strategy** – little progress

January 2012 **Regional Cluster Board** NHS Midlands & East – concern re stroke performance

Midlands & East **Best Practice Service Specification**

MAJOR CAUSE	CLINICAL VARIATION	UNDERPERFORMANCE
Stroke as major cause of mortality and morbidity	Variation in clinical outcomes across region	Significant underperformance against national and international best practice

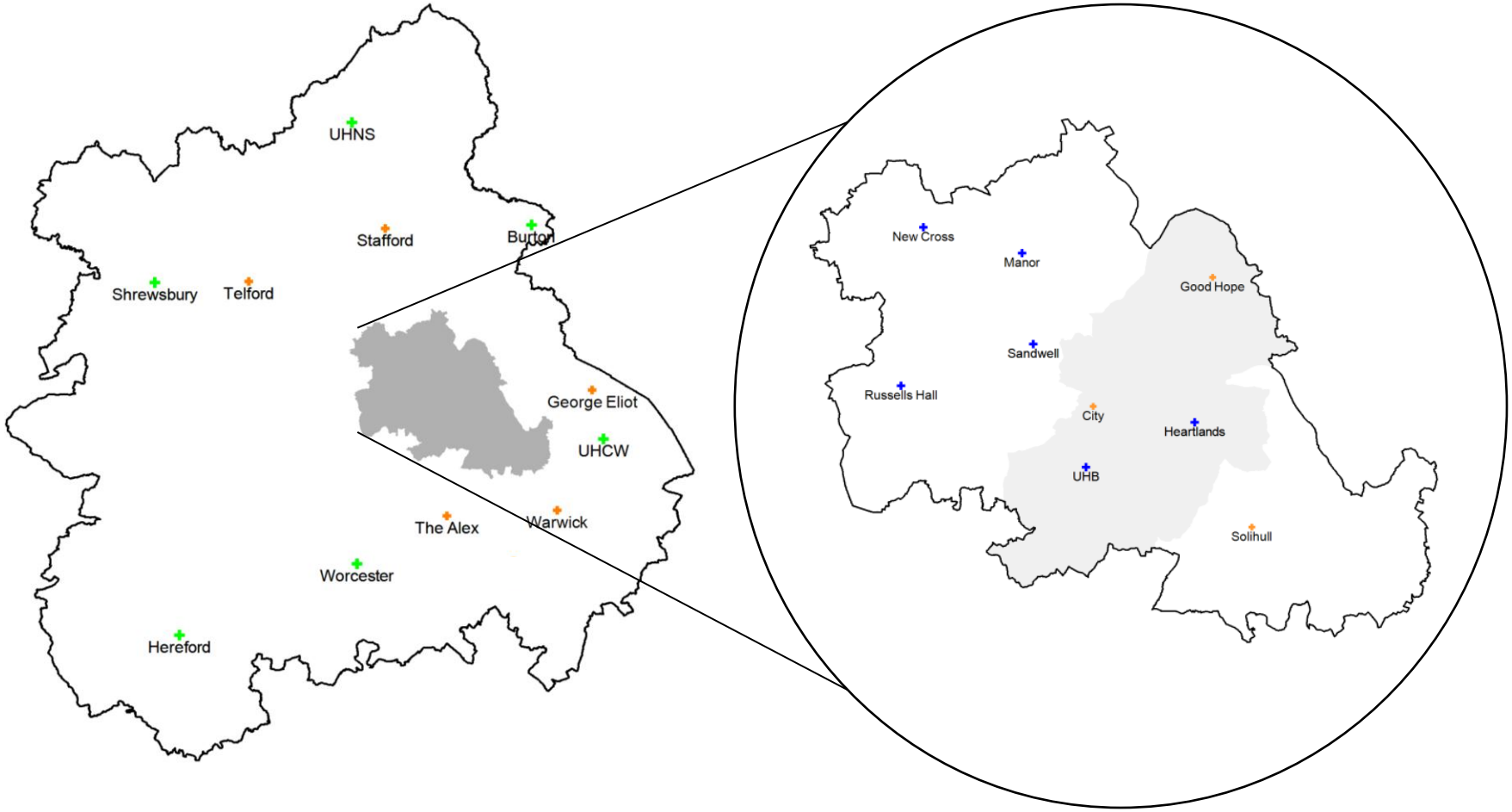
40,000 deaths in England
12,000 in NHS Midlands & East region (2009)



High level case for change

- Stroke and TIA services are a high priority locally
- Evidence: changing the specification of the stroke pathway especially HASU will lead to improved outcomes
- Evidence: minimum specification; timely access (24/7) diagnostics, treatment and MDT 24/7 leads to improved outcomes
- HASUs minimum of 600 and maximum 1,500 confirmed strokes per annum: maintain clinical skills and improve clinical quality
- Evidence: high volume centres produce better outcomes
- Co-location of HASU and ASU (0-7 days) allows greater flexibility; supporting recruitment of staff and staff ratios and management of patient flows

Acute Hospitals in West Midlands



Reviewing stroke services for a healthier future

SSNAP Patient centred
October to December 2013

Routinely Admitting Teams		Team Centred Data										
Trust	Team Name	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
Midlands & East - West Midlands SCN												
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	B	B	A↑	B	C	D↓↓	E	B↓	D	B↑	C
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	C	D	E	D	X	X	X	B	X	X	D
Heart of England NHS Foundation Trust	Good Hope General Hospital	E	E	E	D	X	X	X	D	X	X	E
Heart of England NHS Foundation Trust	Solihull Hospital	C↓	D	E	D↑	E	D	E	E	E	E	E
Royal Wolverhampton NHS Trust	New Cross Hospital	C	D	C↓	D	D↑	C↑	E	D	D	B	D
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	A	C↓	D↓	B	E	B	C↑	C	C↓	B↑	C
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	B↓	E	D↓	D↑	C	D↓	E	D↓	D↑	C	D
Walsall Healthcare NHS Trust	Manor Hospital	C↑	C↑↑	E	B↑↑	D↑	D↑	E	C↑	D	B↑	D↑

SSNAP Patient centred January to March 2014

Routinely Admitting Teams		Team Centred Data										
Trust	Team Name	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
East of England - West Midlands SCN												
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	B	B	B↓	B	E↓↓	E↓	E	B	E↓	C↓	D↓
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	B↑	C↑	D↑	C↑	C	C	E	B	D	B	D
Heart of England NHS Foundation Trust	Good Hope General Hospital	E	E	E	D	D	C	E	C↑	E	D	E
Heart of England NHS Foundation Trust	Solihull Hospital	D↓	D	E	D	D↑	C↑	D↑	E	E	E	E
Royal Wolverhampton NHS Trust	New Cross Hospital	B↑	C↑	B↑	D	E↓	D↓	E	D	D	B	D
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	A	B↑	B↑↑	A↑	E	C↓	C	A↑↑	B↑	A↑	B↑
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	B	D↑	D	D	E↓↓	E↓	E	D	D	B↑	D
Walsall Healthcare NHS Trust	Manor Hospital	C	D↓	E	D↓↓	C↑	D	E	C	D	C↓	D

SSNAP Patient centred April to June 2015

Routinely Admitting Teams		Patient Centred Data										
Trust	Team Name	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	PC KI Level
Midlands & East - West Midlands SCN												
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	B	B↑	A↑	B	B↓	B	C↓	B	D↓	B	B
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	A	B↑	B	B	A	A↑	D↑	B↑	D↓↓	B↓	B
Heart of England NHS Foundation Trust	Good Hope General Hospital	D↓	E	C	E↓	C↑	B↑	E	D	C↑	C↓	D
Royal Wolverhampton NHS Trust	New Cross Hospital	B	C↑	B↑	D	C↑	B↑↑	E	D	B↑	A↑	C↑
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	A	B	B	A↑	B	A↑	D↓↓	B	C	A	A
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	B	C	B↑	B	C↑	C↑	C	D	B↑	B	C
Walsall Healthcare NHS Trust	Manor Hospital	C↓	D↑	D	C↑	D↓	B	C↓	B↑↑	A	B	C

Dudley Group of Foundation Trust

DGFH Trust is committed to continuing to provide HASU services into the medium and long term for our catchment which extends out into Worcestershire and South Staffordshire

Dudley HASU:

- Meets the 600 clinical activity threshold
- Delivering key quality standards

Update from Stroke Programme Board

- Service specification and performance metrics have been agreed across the stroke acute and community pathway
- Reached a recommendation on the number of HASU centres in the Birmingham, Solihull and Black Country conurbation
- CCGs leads are working in partnership with respective providers to seek assurance that centres are meeting the activity and clinical standards
- Recommended a collaborative partnership discussion, between the Black Country Alliance and the local CCGs, on the future HASU centres within the Alliance's geographical footprint
- Further update to be provided in January 2016 on the final number of HASUs in the BSBC conurbation

Questions

Agenda Item No. 10

Health Scrutiny Committee – 19th November, 2015 - Dudley Clinical Commissioning Group - Report of the Chief Accountable Officer, Paul Maubach

Update on Dudley Urgent Care Centre

1.0 Purpose of Report

Dudley Urgent Care Centre (UCC) became operational on 1st April 2015. The service is provided by Malling Health Ltd. This report provides an overview for Dudley Health Overview and Scrutiny Committee on current activity, performance and future developments of UCC since it became fully operational ten months ago.

2.0 Background

In April 2015 Dudley CCG commissioned a new model of urgent and emergency care for Dudley patients. This entailed closing the Walk-in-Centre at Holly Hall Clinic and commissioning a new 24 hours a day, 7 days a week UCC within Russells Hall Hospital. The UCC has now been operational for ten months and it is agreed between lead clinicians of Dudley CCG and Dudley Group NHS Foundation Trust (DGNHSFT) that the overall clinical model has been a success. Emergency Department (ED) clinicians agree that the streaming is working appropriately and the right patients are being seen in the Emergency Department. DGNHSFT has consistently achieved the national 4 hour emergency care wait target since February 2015, which coincides with the pilot opening of the UCC. The Trust has also remained in the top 3 performers in England for this important emergency target year to date since 1st April 2015. In 2014/15 DGNHSFT was ranked 109th. Finally, Dudley UCC is now being held as a best case example regionally and nationally with CCG and Trust delegates being asked to speak at regional and national events on the model. The UCC is also currently participating in a detailed research project by Health Education West Midlands into best case examples of Urban UCC's.

3.0 Report

UCC activity

The latest activity data for the UCC (1st April – 31st September 2015) show that over **51,900** patients have been seen by Malling Health streaming clinicians within the UCC. Of this total, **27,900** were streamed by the reception nurses to the Emergency Department and **23,500** where directed to the UCC for primary care assessment and treatment. Also provided by the UCC during this period have been nearly **1500** out-of-GP hours home visits and **5500** GP telephone consultations with patients. There have been just **3** four hour wait breaches within the UCC 1st April 2015 to date.

UCC Performance

Malling Health and UCC performance are managed through monthly CCG contract review meetings. To date, the provider has shown clear competence in delivering the service and Key Performance indicators are being met. Patient complaints received by the CCG on the UCC have also been very low (less than 1 per 1000). The UCC continues to be refined and developed through a monthly Governance Steering Group which includes representation from the CCG, DGNHSFT, Malling Health, West Midlands Ambulance Service, NHS 111 and Healthwatch.

It is also recognised that the UCC has contributed significantly to the very strong performance of Russells Hall Hospital in regards to their 4 hour emergency care wait target. In England, Russells Hall is currently the leading hospital provider for this important performance target (week ending 30th October 2015). This being particularly significant as just over a year ago they were near bottom of the national ranking table.

As graph 1. below confirms, 2015/16 Winter predictions by DGNHSFT suggest that the Trust will continue to achieve the 4hr target throughout the winter with the UCC in operation.

Graph 1.

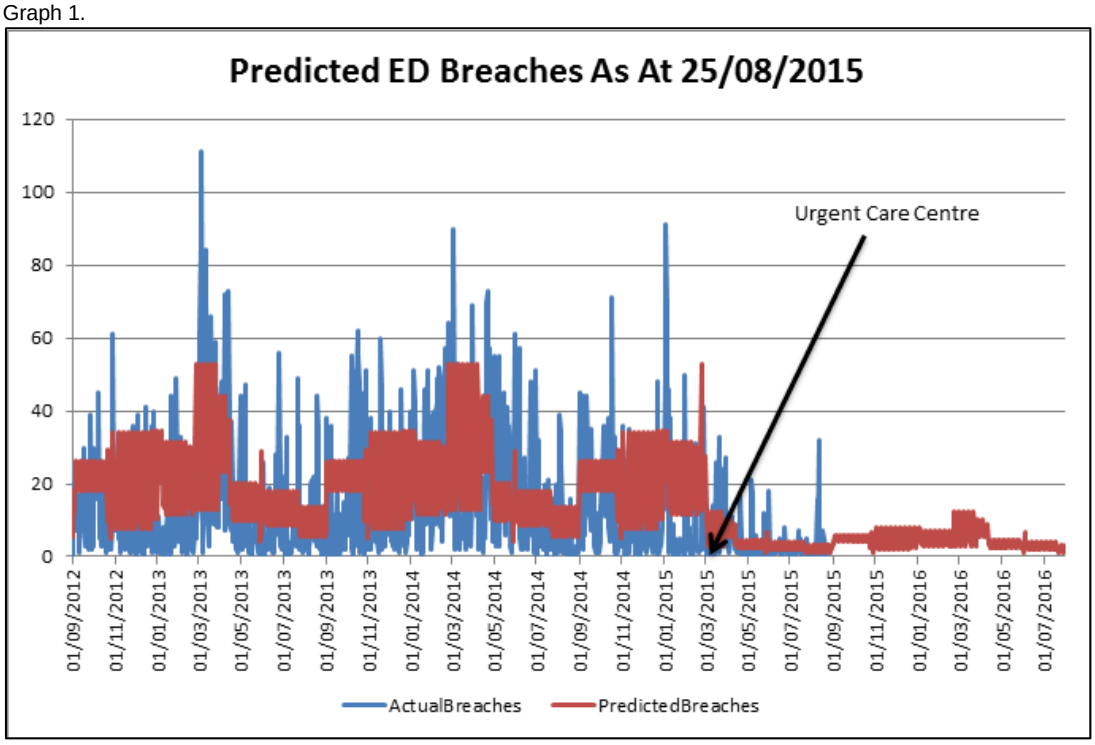


Table 1. below gives a breakdown of the top 20 presenting complaints seen in the UCC during April – October 2015. It is clear that the UCC is successfully streaming primary care and minor cases away from the ED and has also reduced overall activity within the emergency patient pathway by **10%.**

Table 1.

Presenting complaint	% of Activity
Sore Throat	12%
Rash	8%
Abdominal Pain	6%
Cough	6%
Uti/urinary symptoms	8%
Back Pain	4%
Chesty Cough	3%
Ear Pain	3%
Insect Bite	3%
Abdominal Pain	2%
Diarrhoea	2%
Fever	2%
Chest Infection	2%
Vomiting	2%
Chest pain	2%
D&V	2%
Knee Pain	2%
Medication Request	2%
Earache	1%
Headache	1%

UCC areas for development

As the Committee will recall, the initial plan was for the UCC to operate from a new modular building solution adjacent to Russells Hall Hospital ED. It became clear however following assurance work undertaken by Capita Ltd throughout Q3 2014/15 that the premises solution for the UCC would not be ready for April 1st 2015 and exceed initial costs assumptions.

Throughout Q4 2014/15 the CCG, Malling Health and the Trust worked together to identify an interim premises solution which would allow the UCC to become operational from 1st April 2015. As a result an interim UCC premises solution was designed and established by allowing the UCC primary care staff to be located in two areas of the outpatient department within Russells Hall Hospital. Whilst the interim solution allowed the UCC service to open 1st April 2015 and the majority of the service specification to be delivered, several significant compromises on the full service offer had to be made:

1. The first being that the interim solution delivers the streaming system for ambulatory patients (those walking into ED), but not the ambulance conveyed patients. Streaming ambulance conveyed patients for minor and primary care treatable cases will provide the optimum benefits set out in the UCC service specification and further reduce pressure on ED staff.

2. Secondly, the UCC streamers are being accommodated in an ED reception desk and waiting area which was not designed or intended for the number of staff it currently must accommodate. The current configuration is also very poor in regards to patient access and confidentiality.

3. Thirdly, in August 2015 the UCC provider undertook a review of the interim premises it currently occupies. Whilst Malling Health acknowledge that the interim solution is operationally and clinically safe, they confirmed that the current premises constraints are compromising the UCC's full potential, limit its service delivery and provide capacity challenges at peak times (weekends especially).

4. Finally the interim premises solution does not deliver the full extent of public and political expectations on the new UCC service.

Throughout September and October 2015 the CCG has been working closely with Malling Health, Acute Trust clinical and operational leads, Summit Health Ltd (the PFI landlord of Russells Hall Hospital) and architects Seymour Harris to complete a feasibility study into the potential options available to meet the operational and patient experience challenges outlined above. This work has culminated in a feasibility study and recommendations which will be considered in a paper at the private session of Dudley CCG Governing Body meeting on the 12th November.

The feasibility development outlined above has also been underpinned by a recent and extensive patient audit undertaken by Health Watch. Dudley Healthwatch have been key partners in the design of the UCC from its earliest development. As part of their on-going support for the UCC, in July 2015 Healthwatch offered to undertake an extensive patient audit of the UCC service provision. From 20th to 26th of July 2015, Healthwatch volunteers carried out morning, afternoon and evening time slots over a 24 hour period to obtain a detailed view of people's experiences of using the UCC. The focus was on listening to people and understanding their journeys whilst using urgent and emergency care at Russells Hall Hospital. In total 170 people shared their views through the questionnaire survey that sought information on the hospital environment, interactions with staff, and patient streaming. The results of the survey have been used throughout the feasibility study process.

4.0 Recommendations

Members are asked to note the contents of the report. The key findings of which are as follows:

- The UCC operational model is working well and is regarded regionally and nationally as a model of best practice.
- The performance of DGNHSFT against the ED 4 hour wait continues to be above the national target and nationally the Trust is one of the best performers in England throughout 2015.
- The current interim UCC accommodation is adequate, but there are areas in which it needs to improve. The current premises solution stops the UCC from achieving its full potential and as the Healthwatch audit confirms, does included compromises in patient experience.
- On the 12th November Dudley CCG Governing body will consider feasibility study findings on developing a new and permanent premises solution for the UCC which will meet the recommendations of the Healthwatch survey and help the UCC to realise its full potential.