

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 11 April 2017 at 2.00pm in Meeting Room G3 –G4 Addenbrooke House,
Ironmasters Way, Telford, TF3 4NT

Present: Cllrs A Burford (Chair), V Fletcher, L A Murray, T Nelson, J Pinter, R Sloan; Co-optees C Henniker, H Knight, and D Saunders.

In Attendance: S Dillon – Assistant Director: Early Help & Support, J Eatough - Assistant Director Governance, Procurement & Commissioning TWC; A Hammond – Telford & Wrekin CCG, Councillor M Hosken, C Jones – Director of Adult and Children’s Services TWC, L Mills – Commissioning TWC, J Tangye, Senior Democratic and Scrutiny Services Officer TWC, N Wilde – Deputy Director: Commissioning and Planning Primary (Integrated Care) Telford & Wrekin CCG.

HACSC-32 Apologies for Absence

Cllrs M Boylan, R Mehta; and Mrs J Gulliver (Co-optee)

HACSC-33 Declarations of Interest

None

HACSC-34 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 6 December 2016 be confirmed and signed by the Chairman.

HACSC-35 Update on the Closure of Malling Health Centre

The Chair introduced the item and reported that a letter had been received from Wellington Town Council with concerns about the closure of the Malling Health Wrekin (MHW) GP Walk-In Centre service and displacement of 8,000 registered patients. Cllr Miles Hosken had been invited to the meeting to provide a summary of the issues raised by residents of Wellington. The Deputy Director, Commissioning and Planning provided an update on the current position from the CCG’s perspective. The Committee recalled that the issue had been considered a number of times since March 2016, the CCG had assured Members that there was enough capacity within local practices to accommodate the number of patients registered at MHW. It was reinforced that the service provided by MHW was found by the CCG not to be fit for purpose from a health and safety, and clinical perspective; that waiting times had been a problem; and it had a high number of referrals to the Princess Royal Hospital Accident & Emergency services. It was also noted that the outcome of the CQC inspection was that MHW ‘required improvement’, although this had been publicised after the CCG had made the decision to close the services. It had therefore been appropriate for the CCG to rethink the service specification to meet the needs of patients and patients were being allocated local GP Practices on an individual basis by letter. The CCG had identified

and responded to a potential gap in the service provision by agreement with all Telford & Wrekin GP practices that they would extend hours to seven days per week from 8am – 8pm and bank holidays. The CCG would update the Councillors at a briefing in May. Furthermore for temporary residents/ with no fixed abode, agreement had been reached that GP Practices would provide services for people who required immediate and necessary GP attention.

The Deputy Director reported that 2,300 patients of MHW had voluntarily secured new GP practices; 7,000 patients still had to transfer to other practices and by the end of June 2017 patients would be allocated a practice individually. The CCG had received 221 contacts from people enquiring about capacity, general advice on registration and continuity of care; 190 had been received by February 2017 but since that time the numbers of complaints had diminished. The CCG acknowledged that there were some specific concerns around Wellington Practice but some constructive discussions had taken place with Teldoc, a newly merged practice that would cover the whole area with capacity for 40,000 patients.

Cllr Hosken highlighted that despite the CCG's evaluation/ data, MHW had a good reputation with patients. He reiterated the concerns about capacity in the local area, it was felt that 8-12,000 people would overload practices in the area; one GP Practice had already taken on more doctors. He outlined that it wasn't the issue of capacity alone that was of concern, people wanted to register with a practice where they considered they would receive the best care and furthermore, the practice at Wellington had a poor reputation in the area historically, particularly in terms of prolonged waiting times for appointments. The Committee noted that people who had chosen to leave the practice at Wellington now felt that they were being forced back there. The CCG assured that developments were underway with patient participation groups to improve patient access, including a new telephone and online booking system and improvements were being monitored.

The Committee raised the following points:

- Different models of primary care should be considered by the CCG, such as facilities which hosted a number of medical services in one accessible facility including GPs, pharmacists, dentists, physiotherapists. The Luton and Dunstable Hospital with a dedicated on site GP surgery was noted.
- Population growth and GP retirements should be planned for. Recruitment of medical professionals needed to be addressed for Telford & Wrekin considering it was a national problem.
- High users of services at MHW that were high users of hospital services had to be provided for; in particular patients with no fixed abode.
- Patients being displaced from MHW should have a choice of practices when the CCG provided the allocations
- Sustainability and Transformation Plan developments
- CCG needed to communicate better with patients, particularly with the level of patient dissatisfaction and negative perception around Wellington GP Practice.

The Deputy Director reported that the CCG was gathering evidence to identify and understand the population needs on a wider scale; the STP footprint and services being designed to cover it would involve many medical professionals including GPs, urgent care centre practitioners, and pharmacists; there was a drive towards clinical leadership as opposed to more traditional GP centred services. Within five years the intention was to have a multi-disciplinary team approach and recruitment would target the best professionals to deliver these services.

A CCG Engagement Lead was liaising with The Salvation Army KIP project and would be informed of any issues that arose for patients with no fixed abode.

In terms of communication, the CCG was aware that communication could be improved; closure of MHW had been leaked 2-3 weeks prior to the official communication to staff. The Patient Participation Group had been set up to support patients and promote more positive messaging. The Deputy Director noted the Committee's suggestion that the CCG needed to be more proactive to get the right message across to patients including information about development and expansion such as at Shawbirch and the improvements to Wellington Practice to allay patients' fears. It was noted that promotion was not permitted between practices but information was available via NHS Choices and CQC, Wellington Practice would be holding an open day and Teldoc would be getting messages out. The Committee suggested that an event tailored to MHW patients would have a positive impact and would make patients feel welcome. Members were asked to share details of the CCGs PALS email service if they received any specific queries and concerns for the CCG to respond to individually.

N. Wilde left the meeting at 2.55pm

HACSC- 36 Update on Adult Care Performance, Budget & Savings

The Assistant Director: Governance, Procurement & Commissioning presented a report on the progress and activity for the Early Help & Support Cost Improvement Plan for 2016-17 and 2017 –18. The report provided the context and outlined the strategy for Early Help and Support savings to be delivered by the Early Help and Support Services and Governance, Commissioning & Procurement Teams.

Key principles, as well as the corporate priorities and the Council's co-operative values were highlighted to show how delivery of the Cost Improvement Plan was influenced. The Committee considered the data which included the current forecast for the Early Help & Support budget for 2017/18, detail of how the savings for 2016/17 were being delivered and the work streams, which were progressing to deliver those savings. The 2017/18 savings were also detailed in the Cost Improvement Plan set out in the report but further work was required to determine the care activity budgets which would be reduced to deliver the purchasing savings required.

The Committee noted that as part of the 2016/17 and 2017/18 budget strategy a contingency budget had been included in the Council's budget strategy for the service area to drawdown. The contingency was part of the strategy to change the way care would be delivered and to cover the transition to a lower budget settlement for Early Help & Support.

The Quarterly Report highlighted the financial position and priorities within the Cost Improvement Plan and would continue to be updated for each Member Briefing and Scrutiny meeting to show services identified in the Cost Improvement Plan to measure and record savings required and achieved within each finance monitoring period.

Members questioned the original financial statement and whether it was over-optimistic and whether the projections for 2017-18 were similarly over-optimistic. It was noted that the strategy could be aspirational but the targets were unrealistic and unachievable which would have the reverse effect diminishing confidence and motivation amongst staff. The newly appointed Assistant Director of Early Help & Support assured the Committee that the figures were becoming more tangible; for example 14 people were coming out of residential care into supported living and work was being undertaken to reduce provision of unnecessary services and developing a more effective policy for individual reviews. It was also noted that the figures had to be a target as these were across the board, mandatory cuts that the Council had to make and this showed what had to be done to achieve the targets. Members reinforced their concern that as Scrutiny, a better insight was required to do an effective job of scrutinising the budget and performance; intelligent discussion was needed about the detail. Pressure on savings meant that the Council had to look at all options to meet targets even though there was a concern that preventative services would in the longer term provide savings. It was acknowledged that support was needed for voluntary organisations to fund preventative services. One of the ways the sector was being supported was by challenge to the delivery of the services and the way the sector was organised, such as TACT and MIND. It was however noted, that there was a possibility that services were just not being provided through the voluntary sector and they were not rising to the challenge.

Members asked about the current position in terms of Continuing Healthcare; it was noted that the CCG was meeting regularly with the Council, pathways were being reviewed. There was progress on packages but there were sensitivities around spend on an individual basis. Where the level of support was being reduced, reviews continued on a regular basis.

Members questioned the current position in relation to the independent care home market and noted that demand for fee increases had been in the media and SPIC were not happy. However, it was noted that although the care sector was crucial to the Council, robust conversations were needed with SPIC about fees and spend of public money. The Chair noted that this was an area that the Committee intended to consider in further detail.

Cllr Arnold England, Jonathan Eatough and Sarah Dillon left the meeting at 3.20pm

HACSC- 37 STP Neighbourhood Working Update

Anna Hammond and Louise Mills provide an overview and update on the Neighbourhood working initiative under the STP and acknowledged that a more comprehensive session on Neighbourhood working would come back to Scrutiny in the near future. There was a significant shift from activity in hospitals to the community and primary care needed; prevention services were key and the Neighbourhood teams would be essential to this. There was a commonality between Neighbourhood teams, in each of the four teams groups were coming together to explore different ways of working and what contributions could be made; team were being redesigned, links were forming with social workers, GPs. In Newport, links with Dementia Society were being explored with the aim of supporting individuals and sharing knowledge and skills with community groups to create the resilience.

Social prescribing had been developed; there was a pilot in Newport which included new signposting and a narrative that makes sense for the residents. Professionals were starting to form relationships and shared understanding of what could be achieved under the STP. Taking a holistic view of people to address their health was an approach being developed within Neighbourhoods, so that access to services was on an asset basis. Funding had been secured for developing psychological support services which would link with other health needs/ concerns such as diabetes and respiratory problems.

In terms of communications, the aim was to enable future support services to be illustrated through real life case studies.

The Committee questioned how the success of the initiatives would be measured; it was noted that the project plan incorporated robust project measures and evaluation; there was the CCG performance framework and the Council's social care performance indicators. The Committee noted that ophthalmology was a recent example of where a service was overhauled and it would be interesting to understand how this would now fit within the STP, community plans. It was noted that some services would still need to be provided by SaTH.

The Committee questioned the buy-in from GPs as it had been variable up until now. It was noted that Central Telford Neighbourhood was a front runner and that considerable work was being done with GPs, in South Telford a workshop had been organised for 100 staff, Teldoc was in the process of merging but had a clear vision for the future; therefore practices were developing relationships with new partners and new people were being brought in, teams were being integrated and voluntary organisations were part of the infrastructure. In Wellington, initiatives on building resilience in communities were being piloted.

A concern was raised about confidentiality, particularly in terms of voluntary sector services and it was noted that the voluntary sector was being signposted to access specialist knowledge where practices and policies were not well-established.

The Committee suggested that greater consumer choice, with a range of services accessible through Neighbourhoods, for example via social prescribing and new technology would provide greater knowledge, equip consumers to make more informed choices and generate less reliance on GPs; it was agreed that this could become a sustainable model. However, it was noted that investment in this model was required to a greater extent and the Committee asked whether the right focus could be achieved when STP appeared to be

dominated by a focus on acute services/ hospital reconfiguration. It was noted that the CCG and the Council were building an evidence base and that updates on Neighbourhoods were being provided to large clinical reference groups to show the impact and outcomes that could be achieved. It was noted that anecdotal evidence had started to indicate a move away from clinical services to social prescribing through alternative provision such as counselling and health walking schemes.

Anna Hammond, Louise Mills and Clive Jones left the meeting at 4pm.

HACSC – 38 Work Programme

The Committee agreed that the issue of the independent residential care sector was ongoing and should be explored further/ scoped during the Committee work programming for the forthcoming Municipal year 2017-18. Additionally, it was felt that the present position with regard to Castle Lodge should be provided in a report. Mental Health was also an ongoing issue that required scoping following the engagement activities taking place with several of the Committee Members. Officers had agreed to CHC as a substantive item for a future meeting.

HACSC – 39 Chair’s Update

The Chair and Members who attended the Mental Health Forum on 28 March, updated the Committee on the event and discussions with the voluntary organisations present at the event. It was agreed that further engagement was needed specifically with mental health users.

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The meeting ended at 4.13pm

Chairman:

Date: