Minutes of the Health Scrutiny Committee

Thursday 21st January , 2016 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 M Attwood, K Casey, K Finch, S Henley, Z Islam, N Richards, D Russell, E Taylor and D Vickers

Officers

M Farooq (Head of Law and Governance) (Lead Officer to the Committee), I Newman (Chief Officer Finance and Legal Services), K Jackson (Acting Chief Officer of Health and Wellbeing) and K Buckle (Democratic Services Officer – Resources and Transformation Directorate).

Also in Attendance

P Clarke – Chief Executive of the Dudley Group NHS Foundation Trust
L Broster – Dudley Clinical Commissioning Group
N Bucktin – Dudley Clinical Commissioning Group
S Wellings – Dudley Clinical Commissioning Group

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32. **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of P Bradbury and Councillor S Phipps.

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33. **Appointment of Substitute Members**

It was reported that Councillor D Vickers had been appointed to serve in place of Councillor S Phipps for this meeting of the Committee only.

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34. **Declarations of Interest**

Councillor S Henley declared a non-pecuniary interest in Agenda Item No 7 – Joint Strategic Needs Assessment (Next Steps) in so far as it related to West Midlands Fire Service, as an employee of the Service and Councillor D Vickers declared a non-pecuniary interest in Agenda Item No 9 – Dudley New Model of Care (Vanguard) Programme Update in so far as it referred to the Black Country Foundation Trust as a Stakeholder Governor in that Trust

35. **Minutes**

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 19th November, 2015 be approved as a correct record and signed.

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36. **Public Forum**

No issues were raised under this agenda item.

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37. **Medium Term Financial Strategy**

A joint report of the Chief Executive, Chief Officer Finance and Legal Services and Strategic Director People was submitted on the Medium Term Financial Strategy (MTFS) for 2018/19 approved by Cabinet on 18th January, 2016 as a basis for further consultation, with emphasis on proposals relating to the Committee's terms of reference. Items directly specific to this Committee were those relating to the proposed Public Health budget for 2016/17 as contained in paragraphs 37 and 38 of the report submitted.

In presenting the report submitted, the Chief Officer Finance and Legal Services made particular reference to details in relation to the Public Health Grant Allocation which was expected in late January and although the budgetary position had improved there remained significant deficits.

In responding to a question of a Member in relation to the non-delivery of the Better Care Fund performance element, it was noted that this related to the level of non elective admissions to hospital and those targets not being met.

N Bucktin advised that the new draft guidance with regard to the Better Care Fund removed the pay for performance element of the fund and would remove any further pressures in that regard and the Clinical Commissioning Group had agreed to underwrite the £1.6m deficit for 2016/17, in place of the pay for performance element of the fund and there was a requirement to produce an action plan designed to reduce delayed transfer of care and the Clinical Commissioning Group expected that to be implemented.

The Chair advised that details relating to the Better Care Fund and delayed transfers of care would be presented to a future meeting of the Committee and commented that it was re-assuring that in the future the new fund was unfettered and would be received directly by the Council.

Resolved

That the Committee note the proposals of the Cabinet for the Medium Term Financial Strategy to 2018/19, taking into account the considerations set out in paragraph 47 of the report submitted.

38 **Joint Strategic Needs Assessment (JSNA) – The Next Steps.**

A report of the Chief Officer Health and Wellbeing was submitted on the proposed Join Strategic Needs Assessment (JSNA) process and implementation plan.

In presenting the report submitted, K Jackson, Acting Chief Officer of Health and Wellbeing made particular reference to the review process and the ten areas for development contained in the Implementation Plan, as set out in the report submitted.

It was noted that there was the requirement to widen the range of Joint Strategic Assessment products which were to be defined in order to ensure that those became more accessible

Members were referred to Appendix 1 to the report submitted, that provided additional detail on how the programme may work illustrating the process and outlining that the framework blended both the needs assessment and community assets together in order to provide a partnership led, evidence based Health and Wellbeing Strategy that delivered community outcomes.

Arising from the presentation of the report submitted, Members asked questions and made comments and suggestions and K Jackson, Acting Chief Officer of Health and Wellbeing responded as follows:-

- The graphs contained in the report submitted illustrated how the data would be synthesised to identify the key priorities in relation to health and wellbeing for the Borough.
- That in addition to the intelligence work in the St James's Ward in order to develop intelligence regarding community assets in Dudley, further mapping work would take place throughout the Borough in order to gather intelligence in relation to all community assets.
- In relation to the suggestion that there was the requirement to consider the equality impact of joint strategic needs upon a more indepth basis including age inequality, it was noted that needs and assets across the Borough would reflect health equality and investigate how changes could be implemented to address health and age inequality.
- The data gathered was based around issues that impacted on health and wellbeing in the broadest sense and a full range of data would be considered in order to investigate priorities in the Dudley Borough, which would include consideration of health and demographic data and data based upon social, economic and educational conditions which would be obtained from all stakeholders throughout the Borough.
- Data would be obtained with a view to make it much more accessible to enable healthcare providers to make more informed decisions.
- The Joint Strategic Assessment process would be embedded in the commissioning of community hubs that fall within the People Directorate and in addition could be utilised across all healthcare providers.

N Bucktin, Dudley Clinical Commissioning Group (CCG) advised that the Group utilised the information contained in the current Joint Strategic Needs for commissioning purposes and each year the Dudley Health and Wellbeing Board required the CCG to demonstrate how their plans had taken into account detail contained in the Joint Strategic Needs Assessment.

N Bucktin also referred to work that was taking place surrounding hyper tension and improving the diagnosis rate of those with expected high prevalence and the re-design and re-commissioning of diabetes services, with the redesign specification responding directly to the information contained in the Joint Strategic Assessment of Needs and Assets.

It was noted that there was a Multi Disciplinary Team that had been established in order to identify specific issues surrounding the particular practice team populations, in order to respond in different ways to that practice population. Investigations in relation to developing a new model of care by utilising a re-stratification tool which identified those patients most at risk of hospital admission and that Multi Disciplinary Teams utilising that tool to identify patients in order to reduce the level of risk and manage their conditions more effectively, producing better outcomes was referred to.

N Bucktin also referred to professionals being conscious of resources however they had a professional responsibility to deliver the best possible care for their patients and it was noted that Clinical Commissioning Group would investigate the most cost effective method of delivering services when commissioning those services

In relation to the development of a Joint Health and Wellbeing Strategy and the review of intelligence in the Joint Strategic Assessment of Needs and Assets in order to establish a list of possible priorities the Public Health Consultant advised that the target for the work to be completed should be met in March, 2016.

The Chair referred to the data influencing Community outcomes.

A Member suggested that due to the Joint Strategic Assessment of Needs and Assets document being fundamental to health care, the possibility of providing Members at the beginning of each new municipal year with a one page document detailing the stakeholders involved with the assessment.

Resolved

That the information contained in the report and Appendix to the Report submitted on Joint Strategic Needs Assessment (JSNA) – The Next Steps together with Members comments and suggestions, be noted.

39. **General Practice Closures and Mergers.**

A report of the Chief Officer, Dudley Clinical Commissioning Group was submitted providing assurances that the Dudley Clinical Commissioning Group was complying with NHS regulations and policy governing the closure and merger of general practices.

In presenting the report submitted, S Wellings the Vice Chair and non Executive Director of the Dudley Clinical Commissioning Group, referred to the need to restructure primary care throughout the Dudley Borough together with the regulations and policies of NHS England, which had to be considered when dealing with an application for closure or merger including the financial viability, condition and accessibility of the Practice.

It was noted that there was a detailed process that providers had to follow and conduct a 12 week consultation process.

S Wellings provided details and circumstances in relation to the St Thomas Medical Centre and Bean Medical Practice Merger, the application to close the Market Street branch surgery in Kingswinford and the application to close Masefield Road branch surgery of the Lower Gornal Medical Practice.

Arising from the presentation of the report submitted, a Member asked a question in relation to the reduction in Government funding for practices in deprived areas and commented on the consultation process together with the financial viability of the Masefield Road Branch Surgery remaining open.

S Wellings responded stating that the Government wished to ensure that contracts were more consistent across the Country, no longer providing personal medical contracts that had previously been utilised in deprived areas. It was noted that there was a requirement to design a new medical contract for Dudley residents with modelling taking place in order to investigate the impact on different areas and the intention over a period of time to improve the standard of general practice.

S Wellings advised that the Care Quality Commission report had concluded that General Practitioner Services within the Dudley Borough were generally good and he also emphasised the requirement to consult the public in relation to closures and mergers.

In responding to a query regarding the possibility of preventing closure of the Masefield Road branch surgery, S Wellings referred to the lack of prescription facility services nearby and the lack of nearby parking. It was noted that there had been a change in Government Policy relating to funding and the Lower Gornal Medical Practice wished to protect and retain the additional services that they had invested in. The Consultation which would take place at the Himley Road Methodist Church in February was referred to.

It was noted that the Clinical Commissioning Group were committed to integrate services to ensure that care was wrapped around patients with the importance of providing the widest level of service in the best possible way being emphasised.

Resolved

(1) That the information contained in the report submitted on the assurance that Dudley CCG was complying with NHS Regulations and policy governing the closure and merger of general practices, be accepted.

(2) That the Dudley Clinical Commissioning Group be requested to consult the Committee on future changes to contractual arrangements regarding mergers and closures, as part of the formal consultation process.

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40 **Dudley New Model of Care (Vanguard) Programme Update.**

A report of the Chief Officer, Dudley Clinical Commissioning Group was submitted on the Dudley New Model of Care (Vanguard) Programme Update.

In presenting the report submitted N Bucktin, Dudley Clinical Commissioning Group made particular reference to the Group being amongst the first vanguards chosen to deliver a multispecialty community provider model of care, commissioning best practice pathways in both planned and urgent care.

It was noted that as part of a listening exercise in relation to shaping successful integrated care, the Council's ten Community Forums would receive health and social care presentations during their next cycle providing participants with the opportunity to share their views and opinions in order to help shape the formation of better integrated health and social care.

The method by which the activity to deliver the model was being managed was referred to and it was noted that a multi-agency Partnership Board met monthly to oversee the delivery of the programme, with the West Midlands Fire Service recently being invited to join the Board.

N Bucktin reported on an application to NHS England for further funding in order to support the new model of care, including the development of new services.

N Bucktin also referred to the comprehensive spending review in relation to health and social care and the possibility of accelerating plans with the Council to integrate health and social care by 2017.

Arising from the presentation of the report submitted a Member congratulated the Dudley Clinical Commissioning on being amongst the first vanguards chosen in the Country.

In responding to a query of the Chair regarding the graph regarding the Vanguard aggregate scores by domain, N Bucktin advised that the current performance deficit related to the new model of care based around the three new aspects of General Practitioner Contracts which were access, continuity of care and co-ordination, with co-ordination referring to services for patients with a number of conditions, including those who were elderly. It was noted that although co-ordination required further work due to continuing issues, the new model of care performance indicators in relation to access and continuity of care were fairing well.

N Bucktin referred to the requirement for further work in relation to co-ordination being due to under reporting of cases, for example in relation to hyper tension as that condition existed in more patients than the data suggested and that could be due to either patients failing to present or patients remaining undetected.

K Jackson referred to the need to raise awareness to encourage patients to access their General Practitioner at an earlier stage and the mechanism for raising awareness was through campaigns organised by public health, with continuing work required in relation to raising awareness.

A Member commented that the role of Public Health was crucial in relation to raising awareness especially in relation to diabetes. It was noted that approximately 17% of the population who had varying medical conditions remained undetected as they were failing to consult with their General Practitioners, with the main cause remaining a failure to recognise the symptoms of conditions such as diabetes

In responding to a question from the Chair, N Bucktin referred to risks and issues and managing those risks and it was noted that the three substantial risks referred to in the report submitted would be considered by the Partnership Board at their meetings.

It was also noted that in terms of disagreeing there remained the possibility that partners would disagree, however it was hoped that the Board would get to a position where an agreement was reached for example on any new organisational form required to deliver the new model of care.

It was noted that in relation to the risk identified regarding the management capacity in terms of the submission to NHS England and the requirement to provide a value proposition, a further value proposition was to be submitted which would identify a more efficient mechanism for workforce planning in order to deliver the programme within the defined timescales.

It was further noted that the budget in relation to health and adult social care would continue to change due to setting and would continue to affect the nature of the risks identified and ongoing risks would continue to be monitored throughout the course of the programme at each meeting of the Partnership Board.

Resolved

That the information contained in the report submitted on the Dudley New Model of Care (Vanguard) Programme Update together with the requirement for it to be commissioned jointly by the Clinical Commissioning Group and the Council, be noted.

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41 **Sport Participation and Physical Activity.**

It was noted that the Chair would liaise with Officers regarding the final recommendations to be submitted to Cabinet relating to Sport Participation and Physical Activity.

The meeting ended at 7.50 p.m.

Chair