

Health Scrutiny Panel

Minutes - 16 November 2017

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Cllr Jasbir Jaspal (Chair)
Elizabeth Learoyd
Cllr Hazel Malcolm
Cllr Peter O'Neill
Cllr Patricia Patten
Cllr Wendy Thompson (Vice-Chair)
Cllr Martin Waite

In Attendance

Steven Marshall
Jeremy Vanes
Debra Hickman

Wolverhampton CCG
The Royal Wolverhampton NHS Trust
The Royal Wolverhampton NHS Trust

Employees

John Denley
Earl Piggott-Smith
Alison Shannon

Director of Public Health
Scrutiny Officer
Finance Business Partner

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies for absence were received from Councillors Mattu and Page.
- 2 **Declarations of Interest**
There were no declarations of interest.
- 3 **Minutes of previous meeting**
Corrections

Neeraj Maholtra to be added as attending the meeting.
- 4 **Matters Arising**
Agenda Item 8: Wolverhampton Integrated End of Life Care Strategy

David Watts, Director of Adult Services, updated the panel on progress of the pilot to introduce red bag in care homes.

Agenda Item 9: Walsall Clinical Commissioning Group

The Scrutiny Officer updated the panel on progress of comments made about changes to hospitals stroke services and shared a copy of the response from Walsall CCG to the issues highlighted. The panel agreed to monitor the progress of plans to reconfigure stroke services. The panel commented on a discussion where a reference was made about consultation and whether it was genuine as changes were already being made now. The panel agreed to note the comment.

- 5 **Draft Budget and Medium Term Financial Strategy 2018-19 to 2019-20**
Finance Business Partner (People), introduced the draft budget report 2018-2019. The panel members comments would be consolidated with comments from other panels and presented to Scrutiny Board to agree a final draft response that would be presented to Cabinet.

The Finance Business Partner (People) invited panel members to also comment on the approach to the budget consultation process. The Finance Business Partner (People) outlined the plans to identify £14.8 million of budget reductions and income generation to address the projected deficit in 2018-2019. The Finance Business Partner (People) added that a series of public meetings were arranged to explain the budget proposals and to invite comments. The members of the public also had the opportunity to submit comments online.

The Finance Business Partner (People) explained that there were no new savings proposals that fell within the remit of the Health Scrutiny Panel detailed in the draft budget report. The Finance Business Partner (People) briefed the panel on the planned reduction in the public health grant for 2018-2019 and that further reductions in the grant were expected. The public health grant is currently awarded as a ring-fenced payment from the Department of Health. The Finance Business Partner (People) explained that an overspend of £376,000 for Public Health for 2017-2018 was predicted at quarter on in order to address the recurrent budget pressures and review was being undertaken across Public Health including a restructure and commissioned services. A report will be presented to Cabinet on 29 November 2017 on findings of a review of commissioned services delivered by Public Health with recommendations for new priorities for the service.

The Director of Public Health, outlined plans for restructuring of the public health service and the vision for promoting the development of a public health focused organisation in the future. The Director of Public Health commented on the contribution of the policies and financial resources of other Council departments in contributing towards improving public and well-being and the change in the role of a restructured service from funding a number of traditional services, such as stop smoking, to looking at the factors that impact on the health of the local population and which encourage healthier life choices.

The panel requested that it would be useful to have information about quality of life, measures such as breastfeeding rates, to provide evidence to be able to assess the impact of the policies.

The Director of Public Health explained that there was a public health outcome framework and agreed to present the information to a future meeting for panel. The Director of Public Health explained that the new approach was focused on achieving lasting behaviour change and improving current health measures.

The panel queried the plans to achieve a balanced budget for public health service, given the overspend and the use of £1.7million reserves. The Finance Business Partner (People) explained that a financial recovery plan for quarter one has been developed to bring the budget back into balance. The panel were advised that public health service would not be required to repay the funding allocated from reserve for 2017-2018.

The panel queried if a feasibility study had been taken on the changes outlined for changing the priorities of the service and the restructure of the workforce to deliver the new programme of work. The Director of Public Health commented that current approach was not delivering sustained changes in health outcomes and that it was important to recognise the impact of environment and importance of employment in helping to deliver better results. The Director of Public Health added that the new approach was aimed at building resilience among the population.

The panel queried the public response to the consultation events. The Finance Business Partner (People) responded that the events were widely publicised but public response had been lower than in previous years.

The panel discussed performance indicators for public health. The Director of Public Health agreed to present information to show how the performance of Wolverhampton compares statistically against national averages to a future meeting.

Resolved:

The panel agreed to receive a report from the Director of Public Health to detail the performance of Wolverhampton against national indicators to a future meeting of the panel.

6 Public Health Service - presentation

John Denley, Director of Public, gave a presentation which outlined a new approach to role of public health. The approach is based on the view that improving public health and meeting statutory priorities is the responsibility of the whole organisation and not the small specialist public health service. The Director of Public Health listed the factors that influenced the health of a population and stated that health service provision only makes a small contribution – lifestyle factors e.g. smoking, diet and socio-economic factors, e.g. employment, income had much greater impact on the health of a population.

The Director of Public Health commented on the slow progress in reducing differences in life expectancy at a ward level and argued that the role of the service must be to support all three council directorates to deliver the statutory public health responsibilities of the authority.

The Director of Public Health commented on evidence which challenged the effectiveness of services typically offered by public health service such as smoking cessation where the focus was not on addressing the causes of the behaviour but on designing services to meet the need. The Director of Public Health added that the

new approach will mean reducing the delivery of services and focus on making changes at the population level.

The Director of Public Health commented on proposed changes to the commissioning of services and create services that people can use to use and build community resilience and move away from the delivery of services. The role of public health in the future will be to influence the work of other agencies such as hospital and Wolverhampton CCG in achieving the priorities detailed in the corporate plan.

The panel discussed the issue of drugs and alcohol preventative services and the implications for other agencies such as GPs if public health service reduces its provision. There was concern expressed that the proposals need to be discussed with other partners as the changes are likely to affect areas differently if funding for stop-smoking services is stopped. The panel discussed the high number of fast food outlets concentrated in certain parts of the city and the challenge for the Council in wanting to reduce the number empty shops and the impact of such premises on health. The panel discussed the important role of planning control on the public realm.

The panel queried the risks of the approach in reducing the provision of support services at a time of high demand. The Director of Public Health responded that the issue of fast food outlets and there is a need for the Council to consider the balance between creating a business environment and promoting better health. The Director of Public Health discussed the evidence about the factors that support behaviour change and the importance of raising aspirations to persuade people reduce levels of smoking and drinking. The Director of Public Health commented on the importance of raising the aspiration of young people in order improve future life chances.

The panel accepted the need for change to reduce the gaps in life expectancy but there was concern about the loss of public health skills if the plan were introduced – the panel added that it would not want to lose the experience and skills and would like to see more details about the plans. The Director of Public Health agreed to bring a further report on the proposals to a future meeting of the panel.

The Director of Public Health agreed to provide current Public Health Outcomes Framework for Wolverhampton with an update on performance against key indicators.

The panel welcomed the report.

Resolved:

1. The Director of Public Health to present report detailing Public Health Outcomes Framework for Wolverhampton and an update on performance to a future meeting.
2. The Director of Public Health to present report on proposed changes to public health service to a future meeting of the panel.

Debra Hickman – Deputy Chief Nurse, The Royal Wolverhampton NHS Trust (RWHT), presented an update on progress against priorities detailed in the Quality Accounts 2017/18 report.

The Deputy Chief Nurse advised the panel that the hospital had a recent visit from the Care Quality Commission who inspected the Urgent Care Centre, receiving a 'good' rating.

Jeremy Vanes, Chair (RWHT) advised the panel that the hospital agreed to be filmed for the tv series Junior Doctors. The hospital has no editorial control over filming but considered there were real benefits to being involved in the programme. The Chair advised the panel that progress is being made to recruit two non- executive directors.

The Deputy Chief Nurse advised the panel that the priorities for the hospital have remained the same for two years. The issue of staffing levels is a significant priority but progress was being made. The hospital has placed significant attention on recruiting and retaining staff with the required skills and experience. The action plans linked to the priorities are regularly audited. The Deputy Chief Nurse made the comments about progress against priorities.

Priority 1: Nurse staffing levels

The Deputy Chief Nurse commented that reducing the number of nursing vacancies remains a challenge for the hospital. The hospital arranged a series of overseas trips in the past to find nurses but have not done so recently given national changes to requirements for registration. The hospital wants to continue to encourage local recruitment and have adopted different approaches to finding replacement staff.

The Deputy Chief Nurse commented that the issue of Brexit cannot be evidenced as impacting on recruitment for the hospital. However, there is evidence of European recruits leaving the hospital to pursue opportunities further south of the country. The Deputy Chief Nurse reported that the hospital has made significant impact on improving attendance at work following a review of the approach to managing sickness.

Priority 2: Safer Care

The Deputy Chief Nurse advised the panel that 95% is the national target benchmark for 'harm free' care. This is a point prevalence measure identifying prevalence of pressure injuries, falls, medication and infections associated with urinary catheters at a given point in time. The panel were advised of work that is being done nationally to reduce the number of patient falls. The Deputy Chief Nurse advised the panel of the work done to identify high risk patients and provide the right interventions to support patients; however this is a challenge at night time when less staff are available to observe patients at risk of falls.

The panel queried the reasons for the high number of reported medication incidents. The Chair explained that the procedures for prescribing medicines are clear but are not followed and the challenge for the hospital is understanding the reasons for this. The Deputy Chief Nurse commented on a move to electronic prescribing as way forward for reducing the number of incidents. In addition, work is being done to identify 'hot spot' areas across the hospital where more action is needed.

Priority 3: Patient Experience and Satisfaction

The Deputy Chief Nurse advised the panel of the analysis of complaints and the Friends and Family Test (FFT). The Deputy Chief Nurse commented that the FFT is a “blunt’ measure of the performance of the hospital and work is being done to get a more rounded view of what the public think about the quality of the services provided. The panel commented that there was shared concern about customer feedback as experience suggests that two groups of people will comment – those people who are very angry or upset about the service and those people who are very happy about the service – it was important to get a representative sample of views to be able to judge the performance of the hospital.

The panel welcomed the report.

Resolved:

The panel agreed to note the progress towards meeting the RWHT priorities.

The meeting closed at 3.30pm