

Health Scrutiny Panel

Minutes - 29 March 2018

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Cllr Wendy Thompson (Vice-Chair)
Cllr Martin Waite

In Attendance

Johnny McMahon

Chair of Healthy Staffordshire Select
Committee

Tracey Cresswell

Wolverhampton Healthwatch

Witnesses

Jeremy Vanes
David Loughton
Dr Johnathan Odum
Tracey Cresswell
Andrea Smith

Chair, RWHT
Chief Executive, RWHT
Medical Director, RWHT
Wolverhampton Healthwatch
Wolverhampton CCG

Employees

John Denley
Earl Piggott-Smith
Neeraj Malhotra
David Watts

Director of Public Health
Scrutiny Officer
Consultant in Public Health
Director of Adult Services

Part 1 – items open to the press and public

Item No. *Title*

1

Apologies

Apologies for absence were received from the following:

Cllr Hazel Malcolm
Cllr Pat Patten
Elizabeth Learoyd
Shelia Gill
Dana Tooby
Dr Helen Hibbs
Cllr Phil Page
Lesley Writtle

2 **Declarations of Interest**

Cllr Martin Waite declared an interest in respect of agenda items five and seven.

3 **Minutes of previous meeting**

Corrections:

6.Oral Health Needs of Older People

David Watts explained that during the discussion about the oral health there was a mistake in minutes – there was no separate health survey published by the CQC that could be shared with the panel. The panel agreed to amend the minutes.

9. Patient Mortality Rates

Dr Odum commented on an error in the minutes. The panel agreed to the following change which has been highlighted in bold.

Dr Odum explained that Wolverhampton traditionally had a Standardised Mortality Rate(SMR) of 100 – however this figure has increased to 115 since the opening of the new emergency department which may explain why there have been more deaths than expected. The death rate figure is based the count of adults over the age of 18 years. The hospital has the lowest **expected** death rate in the West Midlands region.

Cllr Martin Waite asked for the reference to his comments on this agenda item to be corrected. The query was whether the opening of accident and emergency centre had led to more people with more serious or complicated health problems being admitted to hospital, which had resulted in a higher than expected death rates.

4 **Matters Arising**

9. Patient Mortality Rates

Dr Jonathan Odum agreed to present an update report to the panel in October 2018.

David Watts agreed to present an evaluation report on the impact of the Red Bag Scheme to a future meeting of the panel.

5 **Winter Planning 2017/18 - Update Report**

Cllr Jaspal welcomed Cllr Johnny McMahon, Chair of Healthy Staffordshire Select Committee, who accepted an invitation to attend the meeting to contribute to the discussion on effectiveness of plans for winter pressures.

David Watts, Director of Adult Services, gave a brief introduction to the report on winter planning preparedness from the Council viewpoint and commented on the work done with RWHT to reduce the number delayed transfers of care. The Director of Adult Services commented on the table in paragraph 3.5 which compares the performance of Wolverhampton against a number of different measures.

Dr Jonathan Odum, Medical Director, The Royal Wolverhampton NHS Trust, gave an overview of the work of done to manage the pressures during winter period at a time of great pressure on the NHS and social care sector. The Medical Director commented that while there was a peak in demand on the service in during

November and January there was an improvement in the reducing delays of care as a result of previous planning and work with key organisations to manage the increase in patient numbers.

The Medical Director commented that based on published national data for delayed transfers of care, Wolverhampton performance had placed it 52nd out of the 151 local authority areas in England reporting delays in the month of January 2018. The Medical Director advised the panel that he chairs the delivery board responsible for preparing the winter plan. The Medical Director commented on challenges facing the hospital in managing the large cohort of frail elderly with complex health and social care needs and the difficulty in finding alternative suitable accommodation, where patients are considered to be ready for discharge. The Medical Director commented on the work done to learn from current experience and then use this information to review the effectiveness of the winter planning preparedness for 2018/19.

David Loughton, Chief Executive, RWHT, praised the performance of the hospital in planning for the increased demand during the winter period.

The Chief Executive, RWHT, while welcoming the extra £2 million funding to fund social care and the opportunity to bid for a share of £350 million fund from the NHS. However, there was a need for secure long-term funding to enable health and social services to better cope with the demands during period when demand increase significantly. The Chief Executive praised the support of the coroner's office to help manage increased number of deaths during the winter period when the hospital facilities were at full capacity.

The panel queried if the hospital were planning to provide extra resources to support the work the Rapid Intervention Team. The Chief Executive advised the panel that an extra £900,000 would be provided by the hospital to increase the capacity and resources of the team.

The panel queried if the hospital as part of its winter planning preparation work looked outside the health sector to learn how other organisations manager increased demand during the winter period. The David Loughton, Chief Executive, RWHT, commented that a meeting in April 2018 has been arranged with a software company that have developed software to manage peaks and flows of passenger numbers at Heathrow airport.

The Director of Adult Services added that a detailed analysis is done to better understand the data and to provide a breakdown risk stratification to help improve patient care. The panel were advised that Wolverhampton had been bid for funding from a Government pilot budget of £7 million to deliver shared care schemes and learning that could help other local authorities.

The Medical Director commented on the challenges to managing the care of elderly population and supported the decision to fund the work of the Rapid Intervention Team. The issue of the lack of nurses at the hospital with the necessary skills and experience was highlighted as a challenge to meeting the needs of frail elderly patients admitted to hospital. The panel discussed the report that an estimated 190,000 health sector staff nationally will be needed by 2020/21 and expressed concern that not enough people were being trained now across the health sector to meet the expected shortfall in the workforce.

The panel discussed the effectiveness of flu vaccination plan. John Denley, Director of Public Health, explained that type of vaccine selected is based on an assessment of what will offer the greatest protection to the population as a whole.

Wolverhampton has been cited by NHS England as an exemplar of good practice and should be celebrated as success. The Director of Public Health added that the aim was for Wolverhampton to be among the top performing areas for vaccination rates in the future.

Cllr Johnny McMahon queried the effectiveness of winter preparation plans for Staffordshire. The Chief Executive commented on the performance on the hospital in responding to demand and also the benefits of the extra funding of £300 million capital investment announced by the Department of Health & Social Care that will transform local hospital services to residents living in the Shropshire and Telford & Wrekin areas. The Chief Executive commented on the negative impact of recent comments made by Government about poor quality of care at Mid-Staffordshire Hospital on efforts to recruit and retain staff in maternity and accident and emergency services.

The Chief Executive advised the panel that the hospital had successfully bid for £9 million to deliver pathway services at a new site, but this will require an extra 600 car parking spaces. The Chief Executive praised the performance of staff at Cannock Hospital for the quality of the minor surgery work and advised the panel that it was only service that achieved 100% in Friends and Family Test.

The panel welcomed the report and performance of the health and social partners to manage significantly increased demand during the winter period and to maintain a high standard of service to reduce the number of delayed transfers for Wolverhampton residents.

Resolved: The panel agreed to receive a report from Dr Odum on the evaluation and review of the effectiveness of the Wolverhampton Health Economy Winter Plan 2017/18 at a future meeting.

6

Urgent and Emergency Care 7 day Services

Dr Jonathan Odum, Medical Director, The Royal Wolverhampton NHS Trust, gave an overview of the report detailing progress towards the delivery of a seven-day care provision to patients admitted to the hospital as either an emergency or urgent case.

The Medical Director explained that the seven-day provision is aimed at offering equability of patient care at the weekend and all acute trusts are expected to meet 10 national standards by 2020 as detailed in the report.

The Medical Director advised the panel of the background to the policy and how it links to others plans aimed at providing access to clinical services throughout a patient's stay in an acute hospital bed.

The Medical Director advised the panel that RWHT was on one of the early adopters and is committed to achieving the four priority standards detailed in para 2.8 of the report.

The Medical Director advised the panel that RWHT was meeting the 90% targets for each of the standards and see it as a quality mark for the service.

The Medical Director advised the panel of the benefits to the hospital of having access to consultants who can assess and discharge patients where appropriate. The Medical Director commented on the challenges nationally to delivering seven-day service, for example, the availability of services such as hospital social work teams who are not available at the weekend.

The panel discussed the findings detailed in the table in para 2.18 which gave a summary of progress against the six other national standards.

David Watts, Director of Adult Services, commented on the challenges to achieving the stated aims and need for further discussions about how they can be delivered – for example, the costs involved of having a senior social worker to assess and accept patients and whether the council or home should fund the extra costs to provide standby cover at the weekend. The Chief Executive commented on the workforce shortages across the sector and national challenge hospitals face in recruiting nursing and specialist staff needed to deliver a safe and efficient service, in addition to finding the extra consultants needed.

The panel discussed the impact of weekend discharge on the hospital as part of seven-day service had on the workload for consultants and other services on Monday. The Medical Director commented that the analysis of results suggests that the introduction on seven-day care services had not led to expected benefits such as reduced workload on Monday's for staff.

The Medical Director commented that the evidence supporting the benefits of offering seven-day care for people admitted for emergency or urgent care is not convincing and that further investigation is needed to better understand the links between the factors that determine patient outcomes. This may involve analysis of patient mortality notes.

The panel agreed to receive an update on performance against the six standards detailed in para 2.18 of the report.

The panel thanked Dr Odum for the presentation.

Resolved: Dr Jonathan Odum, Medical Director, RWHT< to present a report of progress against the six national standards and lessons learnt on the effectiveness of winter planning to a future meeting of the panel.

7

Update on the work of the suicide prevention stakeholder forum

Neeraj Malhotra, Consultant in Public Health, introduced the report on the work of the suicide prevention stakeholder forum and invited panel members to comment on progress. The Consultant in Public Health commented on the desire to have more regular attendance by a representative of the RWHT at meetings of the forum. The Chief Executive agreed to have a discussion with Consultant in Public Health about the involvement of the hospital in work of the forum.

The Consultant in Public Health commented that the forum is making good progress against the targets in the suicide prevention stakeholder forum action plan and will be reporting to a future meeting of Health Wellbeing Board.

The Consultant in Public Health commented on the positive work by West Midlands Combined Authority in developing Thrive West Midlands which details plans for implementing recommendations from the mental health commission and this includes work to reduce the level of suicides.

The Consultant in Public Health gave an overview of the suicide trends in Wolverhampton since 2002 and progress against the suicide prevention strategy and action plan. The Consultant in Public Health gave examples of the work being done to both promote good mental health among the whole population but also provide specialist support to people considered to be most at risk of suicide. The Consultant in Public Health commented on the importance of training for professionals and lay people to be equipped to have conversations with people who are feeling suicidal and listen and when to signpost the person to another agency. She made specific referenced to the zero suicide alliance e-learning on suicide prevention and will circulate the link to panel members.

The panel discussed the impact of media reporting of suicides. The Consultant in Public Health commented on the work of Samaritans to deliver training to help journalists prepare reports and the level of detail they should include about the cause and circumstances of death.

The panel discussed the role of GPs in identifying and supporting people. If resources can be identified, this is to be picked up and delivered in partnership with the CCG and needs to be offered to the broader primary care workforce including care navigators and social prescribers. The Consultant in Public Health agreed to follow this action up with the CCG.

The review group discussed the profile of suicides by gender and age. The Consultant in Public Health advised the panel the issue of suicides in middle-aged men will be on the agenda of the next meeting of group. The Consultant in Public Health commented on the plans to get more real-time data from the coroner's office about suicides - this work needs to be done across the Black Country Region.

The panel discussed research findings which highlighted evidence that some sections of the community were more vulnerable to poor mental health and risk of suicide. The panel discussed the issue of whether specific job occupations were more vulnerable and growing awareness in services of the need to offer work placed counselling.

The Consultant in Public Health advised the panel that unemployment, divorce were known risk factors but was not sure if analysis done by occupation type. The Consultant in Public Health agreed to investigate and report findings to the panel. The panel discussed a report published by Public Health England which had done an audit of suicide data. The Consultant in Public Health agreed to send a copy of the report to the panel.

The Director of Public Health commented on the issue and need to treat the findings with caution as there is a difference between causation and association. The panel discussed the issue of cluster suicides and the difficulty in understanding the causes and the need for careful investigation.

Resolved:

1. The panel agreed to note the progress of suicide prevention strategy and action plan.
2. The panel to receive information about analysis of suicide rate by occupation.
3. The panel to receive a report by Public Health England on the findings of an audit of suicide data.
4. Panel to receive link to e-learning on suicide prevention from the zero-suicide alliance

8 **Public Health Transformation Public Consultation**

John Denley, Director of Public Health, introduced a presentation on the findings of the public consultation about proposed changes to the priorities of the service. The Director of Public Health advised the panel that 1200 responses were received and were a good demographic representation of the population.

The Director of Public Health gave a summary of the main findings from the public consultation and response from the service. The Director of Public Health commented on the importance of working with partner organisations to deliver public health changes that support the new priorities for the service.

The Director of Public Health commented that Public Health annual report would be presented to a future meeting of the panel and that work would be done to meet targets of the national framework.

Resolved:

The panel agreed to receive a further progress report on the vision of public health service in the future and against national indicators to a future meeting in 12 months.