CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 15 November 2018

Attendance

Members of the Health Scrutiny Panel

Cllr Obaida Ahmed
Tracey Cresswell
Sheila Gill
Cllr Jasbir Jaspal (Chair)
Cllr Asha Mattu
Cllr Susan Roberts MBE
Cllr Paul Singh (Vice-Chair)
Dana Tooby
Cllr Martin Waite

In Attendance
Cllr Hazel Malcom (Cabinet Member for Public Health and Wellbeing)
David Loughton CBE (Chief Executive of the RWHT)
Stephen Marshall (Director of Strategy and Transformation – Wolverhampton CCG)
Margaret Courts (Children's Commissioning Manager – Wolverhampton CCG)

Employees
Martin Stevens (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
Alison Shannon (Chief Accountant)
Andrew Wolverson (Head of Service for People)
James Barlow (Finance Business Partner)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
An apology for absence was received from Cllr Milkinderpal Jaspal.

2 **Declarations of Interest**
There were no declarations of interest.

3 **Minutes**
Resolved: That the minutes of the meeting held on 20 September 2018 be approved as a correct record.

4 **Matters Arising**

The Chief Executive of the Royal Wolverhampton Health Trust (RWHT) informed the Panel that he had sold the old eye infirmary building at the Compton Road site. Contracts had been exchanged.

The Chief Executive of the RWHT commented that they had placed a contract for the steel works for the new car park. They had separated the work into two contracts because the other contractor couldn't start work on site until March and they wanted to ensure expediency. 250 car parking spaces would be lost for 19 weeks during the construction of the multi- storey car park at the front of the site. They had worked with the Council to ensure off-site parking during that timeframe. He was hoping it would affect staff car parking only and not reduce spaces for patients during the 19 weeks. He recognised that car parking at New Cross Hospital was far from ideal. The new car park was expected to be completed by the Summer of 2019.

A Member of the Panel asked if the Chief Executive of the Royal Wolverhampton Health Trust would still be providing a timetable on the construction of the new car parks. He responded that he would endeavour to try and provide a timetable to the Panel, he was however waiting for definitive timescales from the new contractor.

A Member of the Panel asked about the outsourcing of the management of the car park and security arrangements at New Cross Hospital. She had received a response from the Trust but did not feel the response had answered the point regarding what due diligence had taken place in the contractual arrangements. Healthwatch often received complaints about the fees for the car parks at the hospital. The Chief Executive of the RWHT responded that the main reference point for the due diligence was the British Airports Authority. The charges for the car parks were a political national government decision. Car parking charges for hospitals in Scotland and Wales had been removed. A considerable amount of income was gained from car parking fees which helped to support the security arrangements at the hospital. The costs for security at the hospital were rising each year. He did not wish to take the service for security back in-house. The security company contacted by the hospital had contingency for if people fell sick, which he would not have if the service was in-house.

There was discussion about encouraging people to use public transport to relieve pressure on car parks at the hospital.

5 **CAMHS Transformation Plan Refresh - Update Report**

The Children's Commissioning Manager for the Wolverhampton CCG presented an update report on the CAMHS (Child and adolescent mental health services) Transformation Plan. In the current year, the Local Authority and the CCG, along with some funding from Head Start had developed a tier two service which had been awarded to the Children's Society. The Service was called "Beam Wolverhampton". It had a couple of drop-in sessions each week and also had some more structured booked CYP improving access to psychological therapy appointments available. They had also put in place an on-line counselling service. The other area they were looking at doing was crisis intervention, which would help prevent young people being admitted to hospital.

The Children's Commissioning Manager for the Wolverhampton CCG stated that there were still some gaps in the CAMHS Service. One of these was the need for

an LD (Learning Disability) CAMHS consultant. Autism in general was also an ongoing issue. They were working hard to address where their workforce was across Wolverhampton, as within any emotional mental health and well-being system there was a need to focus on the universal mental health offer and not just specialist CAMHS Services. This included looking at what provision the schools had and the voluntary sector. There were many voluntary organisations across the City which provided intervention services which were not commissioned by the CCG or the Local Authority.

The Children's Commissioning Manager for the Wolverhampton CCG commented that one of the areas that NHS England had tasked them with was improving the evidence based interventions that young people were having. Consequently, this meant expanding the training for their workforce. They would be inviting the voluntary sector to some of the training being undertaken.

The Children's Commissioning Manager for the Wolverhampton CCG stated that there were currently three young people in tier four beds, which was a low number. Last year in total there had been fifteen, compared to ten in total in the current year. These numbers helped to demonstrate that the community services were improving. They were making some improvements to the Youth Offending Team to help improve services when people came out of detention.

A Member of the Panel asked who paid for the cost of beds for children needing mental health support. The Children's Commissioning Manager confirmed that the costs for the beds were met by Specialised Commissioning Services and not the Trust or the CCG. Depending on the bed required some children were placed well away from their home area due to bed shortages. If children, who had challenging behaviour, were being kept at a paediatric assessment unit at New Cross, then the RWHT Trust could ask for additional funding from the CCG to meet security costs. The Chief Executive of the RWHT Trust stated that it was scandalous that if ever they had a ten hour breach in the Accident and Emergency Department it was always related to them finding a mental health bed. The distances that people had to travel was horrendous, a problem which he had raised with the Secretary of State. Patients had waited 36 hours in Accident and Emergency, which required security staff to keep them and others safe.

The Director of Strategy and Transformation of the Wolverhampton CCG stated that the CCG were not legally permitted to commission mental health beds for children, this had to be done by Specialised Commissioning Services in NHS England. There were no beds located in the Wolverhampton area for children's mental health services.

A Member of the Panel commented that there were a number of younger people presenting with issues of gender fluidity. They asked if their needs had been anticipated. In response the Children's Commissioning Manager for the Wolverhampton CCG stated that the local CAMHS team had training from Mermaids, who were a specialist charity raising awareness about gender nonconformity in children and young people amongst professionals and the general public. Training was also being rolled out to local schools.

There was a discussion about the on-line counselling service and the different options available, further information was available on-line. There was a further

discussion about self-referral options within the CAMHS Service and the pros and cons of this option.

6 **Draft Budget and Medium Term Financial Strategy 2019-2020**

The Portfolio Holder for Public Health and Wellbeing introduced a report on the Draft Budget and Medium Term Financial Strategy 2019-2020. She stated it was a challenging year for the Council, in setting the budget for 2019-2020. The projected budget deficit for 2019-2020 was in the region of £6 million. There would be an update provided on the deficit in January next year. The report before the Scrutiny Panel asked them to provide feedback to Scrutiny Board on the draft budget proposals and on the overall scrutiny process of the budget.

The Portfolio Holder stated that the Council had identified a total of £695,000 budget reduction and income generation proposals, which were being formally consulted on. Within Public Health there was a saving of £288,000 to be delivered through the integration of Public Health Service Contracts. She asked for the Panel's feedback on the Draft Budget and Medium Term Financial Strategy and for feedback on the overall scrutiny process. It was intended for the Scrutiny Panels responses to be provided to Scrutiny Board on 11 December.

The Chief Accountant stated that some of the savings were being made through budget efficiencies which did not require consultation, as they did not impact directly on service users. As an example she cited the use of one off grants and vacancy management. The appendix to the report detailed the savings where there would be an impact on the public.

A Member of the Panel commented that her perception had been that there had not been the same amount of publicity for the budget consultation events as in previous years. The Chief Accountant responded that they had advertised in the same way as previous years. The consultation process was still open and would close in December.

A Member of the Panel stated the Secretary of State for Health had given a speech recently about the importance of prevention in the health sector. He asked if there had been any communications from the Department for Health since the speech. The Portfolio Holder responded that there had not been any direct communication from the Department for Health. There were however local discussions taking place about how to work better collaboratively with partners on the preventive health agenda.

The Director of Strategy and Transformation of the CCG asked if an impact analysis was being carried out on any proposed savings. The Director for Public Health responded that on the subject of the Integrated Health Public Service contracts, there were historically a number of mandatory functions the Council had to undertake. These included several commissioned services, such as goods and alcohol, the healthy childhood programme, which incorporated childhood measurement and health visiting services and finally sexual health services. Traditionally the Council used procurement and tendering processes to achieve the best value for money against the outcomes they wanted to achieve for the people of Wolverhampton.

The Director for Public Health stated that the health and social care environment was changing with many shared goals and shared outcomes, which could be worked on

together across organisations. Over the past year they had been working closely with the CCG on some of the key public health outcomes they were trying to improve. The joint working approach had been successful in improving the outcomes for health checks. They were also trying to do significantly more integrated working with the Royal Wolverhampton Health Trust, who currently held two core contracts, sexual health and the healthy childhood programme. A partnership approach rather than two separate contracts was essentially what was being proposed to help manage the budget, but also importantly to improve overall outcomes using a collective approach. It was this new approach which is what was being consulted on as part of an overall impact assessment. The Director for Strategy and Transformation of the CCG asked for the assessment and information gathered from the consultation to be shared with them. The Chief Executive of the RWHT added that the Trust was working very well in partnership with the Council's Public Health Department.

A Member of the Panel asked how far the work had progressed on the proposed integrated contracts. He was conscious that the new financial year was only four months away. He wanted to have a better understanding as to how much was aspirational compared to confident achievable proposals. The Director for Public Health responded that they had been having explorative discussions in relation to achieving the outcomes over the last year. Consultation would be required on the proposals and the legalities would need to be worked through. They were however confident that the approach was the correct one and work was going on at pace to achieve them within the next financial year.

A Member of the Panel asked about the oversight processes on the use of consultants and fixed term contracts. The Portfolio Holder responded that they received regular updates at Cabinet on short-term projects, the use of consultants and associated costs. Any consultants appointed had to be logical and add value. The Council had worked hard to reduce the number of consultants used to a manageable number.

7 **Winter planning/resilience plans - Update**

The Chief Executive of the RWHT gave an overview of the winter planning and resilience plans. He stated that they were currently having to revise the Trust's plans for the winter and hoped that the new plan would be ready for the 4 December 2018. Telford's Accident and Emergency Department was scheduled to close overnight from the 5 December 2018. The staffing situation at Telford's Accident and Emergency Department was getting worse. The additional capacity the RWHT had planned for the winter season would all be taken up by the extra ambulances arriving due to Telford's Accident and Emergency overnight closure.

The Chief Executive of the RWHT stated he was working very closely with West Midlands Ambulance Service and the Welsh Ambulance Service. He had a meeting the following day regarding the protocols drawn up at Telford, which he did not believe were suitable for use by the ambulance service. The protocol that had been drawn up, expected ambulance crews to take different action depending on the day of the week, which he thought would lead to confusion. He was most concerned with patients coming in from Wales, as a relationship needed to be established with the Welsh Social Services and the Ambulance Service. There was no provision for paediatrics at Shrewsbury's Accident and Emergency and so they would all be

coming to Wolverhampton. He was displeased with the situation as he had predicted the situation two years ago and felt action should have been taken earlier. He commented that his Deputy was currently at Dudley because the Care Quality Commission had some concerns about the Accident and Emergency Department. He was of the firm view that Dudley's Accident and Emergency Department should not close overnight as well, as this would create severe problems in Wolverhampton.

The Chief Executive of the RWHT circulated an information sheet from the BBC's NHS Performance Tracker Webpage. In the figures for October 2018 the RWHT was currently ranked 32 out of 131 Trusts for the target of patients admitted or treated within four hours of arrival at the Accident and Emergency Department. All the Trusts that were meeting the 95% target were specialist Trusts or Children's Trusts, with the one exception of Luton and Dunstable.

The Chief Executive of the RWHT stated that there had been a 10% increase in ambulance arrivals in the last 2-3 weeks in the Wolverhampton area. He hoped this would reduce as it was impacting on the performance of the Trust. A further issue had arisen with Shrewsbury and Telford Hospital NHS Trust being placed in special measures. The Care Quality Commission had some concerns with the maternity services at Shrewsbury and Telford. He had not removed the delivery cap in Wolverhampton.

The Chief Executive of the RWHT stated that not enough doctors had been trained nationally over the last fifteen years to cope with the current NHS Structures within the country. It was a long-term problem which would take at least 14 years to rectify. He was pleased to report that the Vice Chancellor at Wolverhampton University had increased the number of nurses in training. There were now 1100 Nurses in training at the University.

The Chief Executive of the RWHT Trust remarked that he Chaired the West Midlands Cancer Network. He was informing a number of District General Hospitals that they would be stopping Urology Services. This was due to the fact that when Urologists finished their training, they did not want to work in an organisation which did not have a surgical robot. He was of the view that there needed to be a hospital partnership chain for Dudley, Wolverhampton, Walsall and Shrewsbury and Telford. He believed this was the only way to sort out some of the staffing problems faced by the Trusts. The staff working in Pathology at City Sandwell, Walsall, Wolverhampton and Dudley had all transferred to his jurisdiction on the 1 October 2018. With that transfer, there were 23 Consultant vacancies. He had already managed to recruit 4 Consultant Pathologists earlier in the week.

A Member of the Panel asked why there had been a 10% increase in ambulance arrivals at the Trust and what campaigns the Trust had to encourage people to use Accident and Emergency Departments appropriately. The Chief Executive of the RWHT responded that the major issue was the extra ambulances arriving. Eighty percent of people arriving at New Cross Hospital by ambulance, were out of the hospital within four hours of arriving. This was an area which the Trust needed to work on and encourage alternative provision to hospital. People using Accident and Emergency as a walk-in medical centre were not so much of a problem. The Welsh Ambulance Service were very good at spending time with people in their homes to avoid the need for a long journey to Shropshire.

A Member of the Panel expressed concern about the pressure that the Trust would face when Telford's Accident and Emergency Department closed overnight. She was concerned that residents of Wolverhampton would be adversely affected, facing long waiting times and not receiving the appropriate standard of care they deserved. The Chief Executive of the RWHT Trust responded that the residents of Wolverhampton, benefited with New Cross being one of the four Tertiary Centres in the West Midlands. He acknowledged the Councillors concerns and was frustrated himself as he had seen the issue arising for the last two years. He would be working with the Ambulance Services to help manage the situation and updating some of the Trust's working practices. The Trust benefited from the fact that the West Midlands Ambulance Service was the only service in the country which had 100% Paramedics on all their ambulances. They were getting to a situation where Paramedics in the future would bypass the Accident and Emergency Department and go straight to the correct department such as X-Ray.

8 **Integrated Care Alliance in Wolverhampton**

The Director of Strategy and Transformation of the Wolverhampton Clinical Commissioning Group gave a verbal update on the Integrated Care Alliance (ICA) in Wolverhampton. The STP was going to be in future rebranded as the ICS (Integrated Care System). Sitting beneath the ICS was going to be the Integrated Care Provider. In its gestational state, it was being called the Integrated Care Alliance (ICA). There had been positive progress over the past six months. One of the key anchors of delivering successful integrated working was changing the way the NHS contracted. The discussions they had been having with the Trust were around not changing the integrity of the revenue to the Trust as an integrated provider of acute community services, but to align the way money flowed across it. As an example, he cited that non-elective services would be block aided. If non-elective services were to be block aided and community services were still with the Trust, it gave the Trust certainty on the money coming in and allowed activity in a non-elective area to be reinvested in the community sector to support people to stay at home and to help primary care practices.

The Director of Strategy and Transformation of the Wolverhampton Clinical Commissioning Group stated that as part of the new collaborative approach they would need to change the way some services were delivered. They were initially focusing on four areas. He said the first area was how people were supported with frailty to live more at home. He said that over a certain age, ten days in hospital was equivalent to eight years degenerative muscle tissue. Hospital was a dangerous place for older frail people, in terms of their general wellbeing, the risk of acquiring secondary infections and their future independence. Ensuring that frailty was treated in a different way and that the clinicians from the secondary care environment and GP clinicians together with Community Services were agreeing how the services would be setup to support people with frailty was vitally important.

The Director of Strategy and Transformation of the Wolverhampton Clinical Commissioning Group remarked that the second area they were looking at was the End of Life Service. The current service saw too many people going into hospital to die, instead of dying at home. This was sometimes due to there being no provision to support the person to die at home.

The Director of Strategy and Transformation of the Wolverhampton Clinical Commissioning Group commented that the third pathway they were working on was

around short stay paediatrics. Wolverhampton was a substantial outlier when it came to 24 hours stays for younger children with respiratory problems or lower GI. There was a deficit in GP training for paediatrics and a deficit in pro-active community paediatric care, both of which were being addressed. The final key area was regarding mental health, where people in crisis were presenting at the Accident and Emergency Department. There needed to be more support for people in crisis from a crisis liaison perspective.

The Director of Strategy and Transformation of the Wolverhampton Clinical Commissioning Group stated that he realised the new integrated working approach did rely heavily on Public Health to assess the relevant data. There was a sub-group which was working on matters of governance. It was important to look at services from an end to end perspective, rather than individual parts. There were risks to the new approach, with the highest being working relationships. Trust and collaboration would be key to ensuring it was a success.

The Chief Executive of the RWHT commented that there would be people spending their last few hours in the assessment unit at New Cross Hospital, which he saw as a failure of the NHS. More work was required from the NHS working with the local nursing homes around end of life care provision. He was happy to provide his transplant nurses to have conversations with the nursing homes and families. He was thinking about introducing a “Dignity in Death” certificate for nursing homes on a similar model to the infection prevention certificates.

Meeting closed at 3:05pm