

Health Scrutiny Panel

Minutes - 16 July 2015

Attendance

Members of the Health Scrutiny Panel

Cllr Milkinderpal Jaspal (Chair)
Cllr Harbans Bagri
Cllr Craig Collingswood
Cllr Mark Evans (Vice-Chair)
Cllr Val Evans
Cllr Jasbir Jaspal
Cllr Peter O'Neill
Ralph Oakley
Cllr Stephen Simkins
Cllr Wendy Thompson

Employees

Ros Jervis	Service Director – Public Health and Wellbeing
Jonathan Pearce	Graduate Management Trainee

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies for absence were received from Viv Griffin.
- 2 **Declarations of Interest**
There were no declarations of interest.
- 3 **Minutes of previous meeting**
Resolved:
 That the minutes of the meeting held on 15 June 2015 be approved as a correct record and signed by the Chair.
- 4 **Matters Arising**
- 5 **The end of life strategy update report of The Royal Wolverhampton NHS Trust (RWT)**
Clair Hobbs, Senior Matron – Adult Community Services Group (RWT), introduced the End of Life Strategy Update Report. She explained how the strategy is based on national guidance about how to care for people during their last days of life, and that Trust's model is based on best practice from another trust. A new document launched on 24 April 2015 outlines the Trust's priorities and is being implemented at some Trust sites, such as Compton Hospice. This document will be audited in the next few months to assess how the Trust can improve and build upon their progress in the area. The Trust has also created a best practice steering group.

The vision of the strategy is to meet the needs of a dying person holistically. By involving individual and relatives in a care plan, the Trust facilitates the needs and preferences of a dying patient. This can include accommodating spiritual and religious customs, spending time with loved ones, and making special arrangements for the patient's pet to visit them in care. An internet page provides staff with information about these measures. Monthly training is also provided and over 500 employees have already completed the course. This has informed staff about the new care philosophy of tailored care. The Trust aims to implement a gold standards framework for end of life care to ensure people are able to choose where they die. It will do this by identifying patients at a palliative stage of care and proactively put measures in place to ensure they are able to choose how they are cared for.

Susan Seymour, Advanced Nurse Practitioner, presented the panel examples of resource boxes that are used to return patient possessions to a bereaved family. She explained how these resource boxes were a more personalised and sensitive gesture. She added that the hospital aims to accommodate the wishes of the family after bereavement, and that a discrete swan symbol informs staff that the patient is in end of life care. Departmental Swan Champions support the philosophy of this project and have been making arrangements for families to park at reduced rates when visiting relatives.

Cllr O'Neill queried how this service linked with patient complaints, noting that there could sometimes a desire to blame someone or something after bereavement. A patient liaison service processes such complaints currently, but an end of life steering group will monitor this in future. The group has designed a bereavement survey for relatives to evaluate quality of care and their experiences. The Trust is also voluntarily participating in the national end of life care audit. Cllr O' Neill also queried where the national end of life audit report could be accessed. The Advanced Nurse Practitioner explained the Trust is currently submitting raw data for this year's report, which won't be available until January 2016. She added that previous years' reports are available to access online.

Cllr O'Neill also commented on the financial implications of expanding the end of care team. Claire Skidmore, Chief Finance Officer at Wolverhampton Clinical Commission Group (WCCG), explained that the CCG commissions a Home In Reach Team and is aiming to extend the contract because they recognise the value of it. The Senior Matron confirmed this.

Cllr Collingswood commented on the sensitivity of the report and noted that there is an issue relating to people wanting to die at home, but being unable to. The Senior Matron explained that that the gold standards framework will see the Trust being more proactive in future when identifying patients. The framework will be implemented in the community with a view to liaising more closely with GPs and health professionals to identify patients in need of care.

Cllr Simkins enquired about the involvement of the Council's Bereavement Services Team in supporting the strategy. He suggested that the Council's input may help streamline the process for bereaved families, noting that administration is often a lesser concern for grieving families. The Senior Matron noted that this is not currently considered a problem as the swan resource pack provides clear information for

families about what they should do after a relative has died. She did however welcome the input of the Council at the next steering group meeting.

Cllr Simkins also queried the procedure for discharges that enable patients to die in their own homes. The Advanced Care Practitioner explained that if people want to die in their homes they can be discharged within 24 hours; social services are not required to be involved if it is clear the person has a short amount of time left to live. She acknowledged there were greater challenges liaising with social services when it the condition of a patient was less clear. In such circumstances, staff can access information on the Trust's intranet, which explains relevant procedures to discharge a patient.

Cllr Simkins made a final comment about whether people are directed towards charitable funding by the Trust. The Senior Matron commented that community matrons share information about how charities can help families, but that she would raise this issue again with the steering group.

Cllr Bagri commented on how there was a need to be spiritually and religiously sensitive to people's need, citing the Sikh and Muslim faith as examples. The Senior Matron explained that personalised care profiles will allow patients to specify these kinds of requirements. She added that a multi-faith chaplaincy is involved in steering group and would support Cllr Bagri's requests.

Ros Jervis, Service Director for Public Health praised the work of the report authors, but noted the immense challenge of identifying people in need of end of life care; she noted that this was a precursor to all the work the Trust has implemented. She added that it was important that a range of medical professionals (GPs, primary care physicians, consultants, inpatient teams, diagnostic service) should be able to feed into end of life team as this will support delivery of care. The Advanced Care Practitioner agreed and noted that the Trust's aim is for the gold standards framework to grow into the model suggested.

Resolved:

- 1) That a council bereavement officer attends the next end of life steering group meeting to discuss partnership working.
- 2) That the Trust demonstrates a broader range of health bodies being involved in the gold standard framework used to identify patients in palliative care.

6 **Musculoskeletal (MSK) Services Consultation Evaluation**

Claire Skidmore, Chief Finance Officer, and Penny Gibbs, Communications and Engagement Lead Officer, presented the Wolverhampton Clinical Commissioning Group (WCCG) MSK consultation evaluation. The CCG's consultation ran from 16 March 2015 to 5 June 2015. This work included:

- Formal meetings
- Visits to outpatient clinics
- Discussions at public and private CCG meetings
- Outreach opportunities
- Social media

The CCG reported a positive response to the consultation and noted the vision to streamline the service was shared by the majority of people that they spoke to. The consultation identified four themes that are important to people, which were:

- An accessible and local location
- Easy access and referral into the system
- Good communication
- Quality of service with performance indicators to measure success

The findings of the consultation will be presented to the CCG Board with a view to designing a contract specification to tender the service. The Chief Finance Officer noted that the CCG wishes for patient voice to be part of the procurement process, and that they hope to procure a service that will start by the end of 2016. Sam Hick, HealthWatch representative, queried how patient groups would be involved in this process. It was explained that there will be patient involvement in reviewing bids, with an opportunity to challenge decisions in the procurement process.

Cllr O'Neill commented on information sharing between health bodies and queried whether the CCG would introduce more technology to replace hard copies of documents. The Chief Finance Officer explained hospital trusts make these decisions; however, CCG contracts often make stipulations regarding technology, which means the CCG can track and monitor developments. She added that the CCG aims to design a MSK service where professionals are able to access patient records seamlessly to avoid duplication.

Cllr Simkins requested background information about MSK services for the benefit of new Health Scrutiny Panel members. The Chief Finance Officer explained that the reasons for bringing the paper were considered by the Health Scrutiny Panel last year, summarising the issues of the current service: a confusing system for patients, duplicated and superfluous appointments, and an inefficient information sharing processes. Cllr Simkins noted that turnout for some of the consultation events had been very low and queried whether elected members could be informed of future consultations in their wards, as this could significantly boost turnout. Ros Jervis, Director of Public Health, also noted that certain workshops had been poorly attended. She suggested that the CCG should link with Councillors when running future consultations as elected members often have detailed knowledge of their communities. This was noted by the CCG as a lesson learnt. The Director of Public Health explained to the Panel that she had not been involved in this consultation as it not part of Public Health's remit. However, she commented that Public Health would continue to play a role in supporting service users

Cllr Simkins commented that the results of the consultation survey showed a higher number of professionals with a possible interest in the service redesign than patients. The Chief Finance Officer noted that 215 service users had responded to the survey, and that clinicians' viewpoints were often useful for designing a service. Penny Gibbs, Communications and Engagement Lead, added that a mixture of patients, carers and professionals, totalling 138 people, had completed questionnaires for the consultation. She stated the total number of participants was not deemed low. She added that whilst the CCG had arranged a series of events and means to communicate, CCG employees could not coerce people into responding. The Chief Finance Officer noted that specific consultation had taken place at a rheumatology

group to gain insights from a key patient group. Sam Hick, HealthWatch member, enquired if feedback would be provided to those who had participated in the consultation. The Communication and Engagement Lead explained that where contact details had been left, the CCG would contact the individual.

Cllr-O'Neill requested that a specification draft be shared with the Panel when available to give Councillors an impression of the MSK service design. The Chief Finance Officer explained that the specification will be based on the consultation's findings. Cllr Simkins added that the Panel should be reported to about how effective the changes have been at a future meeting.

Cllr Thompson raised two health issues for the Panel's consideration. Firstly, she queried the number of rheumatologists in the Wolverhampton, noting a reported shortage by constituents. The Chief Finance Officer agreed to provide this information to clarify staff numbers. Secondly, Cllr Thompson made a suggestion for a future work item. She noted that there was a national issue of a shortage of young doctors and medical professionals, and requested that the Panel consider a report on 'building a workforce for the future' at a later meeting. The Director of Public Health suggested that Professor Linda Languie at University of Wolverhampton and Dr Singh at New Cross would be good contacts to provide information about working on postgraduate health training.

Resolved:

- 1) That the Musculoskeletal Consultation be upheld on the proviso a copy of the draft specification be circulated to Health Scrutiny Panel members.
- 2) That Wolverhampton Clinical Commissioning Group be provided with information about Councillors and their ward details for their future consultation involvement.
- 3) That the suggested work item, 'building a workforce for the future', be added to the Health Scrutiny Panel work programme.