

Health Scrutiny Panel

Minutes - 5 October 2017

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Cllr Hazel Malcolm
Cllr Peter O'Neill
Cllr Patricia Patten
Cllr Wendy Thompson (Vice-Chair, in the Chair)
Cllr Martin Waite
Shelia Gill
Dana Tooby

In Attendance

Steven Marshall
Jeremy Vanes
Madeline Freewood
David Watts

Wolverhampton CCG
The Royal Wolverhampton Hospital
City of Wolverhampton Council
City of Wolverhampton Council

Witnesses

Karen Evans

Wolverhampton CCG

Employees

Earl Piggott-Smith
Katie Spence

Scrutiny Officer
Consultant in Public Health

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies for absence were received from Councillors Jaspal and Malcolm, and Elizabeth Learoyd
- 2 **Declarations of Interest**
Councillor Malcolm declared an interest in item 7 Update on Black Country Sustainability and Transportation Plan as a NHS employee
- 3 **Minutes of previous meeting**
Agenda 5: Care pathways for the frail elderly

Steven Marshall suggested a change to paragraph 5 as follows:

Firstly, stabilising the local care sector, secondly relieving **pressure** on the NHS locally by getting more people home safely and quickly, and thirdly helping to deliver the challenges for health.

Healthwatch Wolverhampton Annual Report

Elizabeth Learoyd, Wolverhampton Healthwatch, suggested the following para is redrafted

In respect of priorities and timescales for activities, delayed transfers and GP access were top of the list. The draft document would be shared with the Board after it had been considered by the Healthwatch Board next week.

Priorities for 2017/18 have been identified by the public as being CAMHS, Oral Health/ Dentists, Acute Care, Social Care Assessments and Mental Health continues to be an ongoing priority. Establishing a Youth Healthwatch is also a strategic priority.

That the minutes of the meeting held on 20.7.17, subject to the agreed changes, be approved as a correct record and signed by the Chair.

4 **Matters Arising**

There were no matters arising from the minutes.

5 **Briefing report on the use and control of New Psychoactive Substances (NPSs) - report to follow**

Neeraj Malhotra, Consultant Public Health, outlined the background to the report on new psychoactive substances (NPS) and the range of work done locally since the Act was passed in 2016. The Act prohibited shops from openly selling NPS in shops and on the internet. The Act has presented several challenges to public health and other agencies to enforce the legislation. A key difficulty was a view that the Act did not provide enough clarity about the prohibited compounds used in NPS, which are rapidly changing in response to changes in user demand.

The level of usage of NPS across Wolverhampton is difficult to estimate and more research is needed to get a clearer picture of the situation locally. It is also difficult estimate patterns of usage as NPS are no longer sold in shops - the drug is often taken recreationally and in some cases with other substances such as heroin or cocaine. The Consultant Public Health advised the panel that there is an increased risk of harm to people using NPS in prison and street homeless people.

The panel discussed the challenges to enforce the ban on the sale of NPS because of not having a clear definition and the work of members of the Tobacco and Substance Misuse Alliance who are leading a co-ordinated strategic approach to reducing harm from tobacco, drugs and alcohol across the city. The Consultant Public Health commented on the need to raise awareness about the impact of NPS. A training programme had been developed and the take up had been positive – 80 people attended the last training session.

The Consultant Public Health commented that work is being done with the police to map drug and alcohol misuse to help triangulate current levels of usage.

The police have been proactive in responding to the challenges presented and the issue of how to deal with it will be part of the new overall drugs and alcohol commissioning strategy. The panel discussed the impact of the planned restructure of the public health service on the future approach to efforts to reduce harm from drugs and alcohol.

The panel queried the work being done to learn from best practice elsewhere to get better intelligence on the scale and extent of the use of NPS in Wolverhampton. The Consultant Public Health commented that Wolverhampton is part of a wider information network and will share intelligence and information between the key agencies involved. The Consultant Public Health added that changes in legislation has moved the sale of NPS underground and as a result the service does not have an accurate picture.

The discussed the market for NPS and the challenge facing the agencies working to reduce the level of harm. The Consultant Public Health commented that NPS are sometimes used as a 'stepdown' drug as it is cheaper than heroin – the low costs make it a challenge.

The panel accepted the report.

Resolved:

The panel to receive a progress report on the issues discussed at a future meeting of the panel.

6

Re-commissioning of Drug and Alcohol Services in Wolverhampton - consultation and engagement findings.

Neeraj Malhotra, Consultant Public Health, presented a briefing on the consultation on the commissioning plans for drug and alcohol service. The Consultant Public Health outlined the background to the plans and the timeline for commissioning the new drug and alcohol service. A summary of the key points is given below:

- There has been extensive public consultation and community engagement to get a range of views about the new service during the drafting of the plan – the responses have helped to shape the final commission model plan that was sent out for consultation. The panel commented on the difficulty in trying to engage with the intended beneficiaries and wider impact of deprivation and poverty.
- The Consultant in Public Health commented that the successful provider will be expected to develop plans to engage with key groups. A series of stakeholder consultation events were held at different local venues to get a wider range of views about the proposed plans for the new service. The Consultant in Public Health advised the panel that an estimated 35,000 people in Wolverhampton were using drugs at a harmful level.
- The Consultant Public Health, commented on the impact of proposed cuts in the level of public health funding and the need to work in a co-ordinated way with other agencies, but also important to offer the necessary challenge to encourage organisations to take appropriate action

The panel queried the budget for the new service and reduction in previous funding from £5.1 million to £4 million for commissioned drug and alcohol services in Wolverhampton.

The Consultant Public Health commented the new model will be focused on co-ordinating efforts with other agencies and increased involvement of local GPs.

The panel welcomed the report

Resolved:

1. A copy of the full equalities impact assessment to be sent to members of the panel.
2. The panel to receive a further report on the plans following the restructure of the public health service.

7

Update on Black Country Sustainability and Transformation Plan - report to follow

Andy Williams, Accountable Officer, Black Country Sustainability and Transformation Plan, thanked the panel for the invitation to give an update on progress of the current work since the plan was published. The Accountable Officer explained the reason why the area was not co-terminus as it covers four CCGs and a variety of NHS providers. The plan covers 1.4 million people. The Accountable Officer explained that the partners work collectively and stressed that the STP Board has no statutory powers which presents several different challenges which had been outlined in the report. The STP includes 18 different organisations.

The Accountable Officer outlined the triple challenges facing the health sector in terms of gaps in care quality, health outcomes and financial sustainability

The Accountable Officer commented on the challenge in meeting demand with the resources available and the pressure to achieve the savings target detailed in the plan. The Accountable Officer commented about the work being done to help people stay independent and reduce demand on secondary care to give better health outcomes – there will be different approaches depending on the needs of each area within the STP footprint area. The panel discussed the work being done to address the wider determinants of health and the need for key agencies to work collaboratively.

The panel queried the level of co-operation between the different agencies involved the aims of STP and impact of changes outside the footprint area. The Accountable Officer commented on the health challenges from Walsall and Staffordshire which is adding pressure in services and the work being done to improve performance. The Accountable Officer commented on the discussions to look at possible reconfiguration of hospital services to reduce the current number to four sites which may be more sustainable in the future.

The Accountable Officer explained that the STP does not have a legal status and each area has sovereignty about the provision of health care and is not a mandatory forum for consultation about planned changes to the provision of services. The panel queried if there should be concern that leads have not been named in the governance structure for Wider Determinants of Health structure chart. David Watts explained that work is ongoing and that he one of the leads for one of areas listed.

The Accountable Officer responded to a question about the impact of not achieving the budget savings target detailed in the STP document and explained how the figure had been estimated. The estimate gap will depend on the outcome of discussions with RWHT about the cost of medical procedures and shifting spending to community care by offering alternatives to hospital.

The panel discussed the issue of a lack of public awareness about the STP and implications for the delivery of services in the future. The Accountable Officer commented that publicity about the STP had been attempted in the past but it was agreed that individual organisations would be responsible for this area. Furthermore, it had been agreed at early stage that the STP would not lead to the creation of new regional decision-making structure. The panel commented that it was important that the public get a clear message about the implications of the STP.

The panel queried how issue of wider determinants of health were being considered as part of STP work and how it linked with other areas outlined in the presentation. The Accountable Officer explained that the issue of the wider determinants of health are shaped by individual councils to reflect their local issues. Furthermore, there are plans to identify leads in discussions with directors of adult social care to deal with health challenges that affect the region, for example, infant mortality rates. The STP is a 'vehicle' that can support the changes that can tackle the wider detriments that influence this.

The Accountable Officer thanked the panel for the opportunity to present a briefing today and offered to attend future meetings if requested to give an update on progress.

Resolved:

The panel agreed to receive the report and note the progress made to take forward the Black Country STP.

- 8 **Wolverhampton Integrated End of Life Care Strategy - update on progress**
Karen Evans, Solutions and Transformation Manager, Wolverhampton CCG, gave an overview of the Wolverhampton Integrated End of Life Care Strategy and the key elements of plan, for example, early identification of the dying person to ensure patients are receiving appropriate care.

The Solutions and Transformation Manager gave an update on the progress and achievements made to date since the strategy was published. The Solutions and Transformation Manager commented on the work done with a steering group to develop a more person-centred Advance Care Plan which details what a person would like to happen to them in terms of their treatment and other important details to them – the document also includes funeral plans.

The Solutions and Transformation Manager added the scheme is being piloted across the care sector. A bid is being prepared to secure funding to rollout the document and has been supported by a range of training events throughout the year.

The Solutions and Transformation Manager commented on the range of work being done with managers in the care home sector about having the 'difficult conversation' as part of the overall care offer. The Solutions and Transformation Manager commented on the need to involve parents and relatives in the discussion based on the wishes of the residents.

The Solutions and Transformation Manager commented on the work being done with end of life patients at RWHT and the use of palliative care supported by district nurses.

The Solutions and Transformation Manager commented on the positive response received from different agencies to taking forward the strategy.

The panel discussed the importance of [Advance Care Plans](#) in helping to start conversations about making decisions for their end of life. The panel discussed the specific issues of cases involving people who have been diagnosed as having dementia, children and adults who lack capacity. The panel discussed the importance of ensuring the appointment of a Lasting Power of Attorney in avoiding delays.

Resolved:

The panel thanked Solutions and Transformation Manager for the presentation and agreed to receive a report on future progress and the joint work being done with Age UK.

Resolved:

1. The panel welcomed the report and noted the progress of the work done to implement the Wolverhampton Integrated End of Life Care Strategy.
2. The panel agreed to receive a progress report on the strategy in 2018.

9 **Walsall Clinical Commissioning Group - Consultation on changes to hospital stroke services**

The panel accepted the recommendation that the Chair and Vice Chair meet and consider panel comments on the proposed changes to stroke services in Walsall. A formal response to submitted on behalf of the panel.

Resolved:

The Chair and Vice Chair to draft a response to the consultation document on proposed changes to hospital stroke services in Walsall.